2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731333

1. Entity Name

COMMUNITY CHURCH OF GOD, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90003 047 ****61.25

Principal Place of Business	Mailing Address
JONES. JOHNNIE 3700 BLUE ANGEL PKWY PENSACOLA FLORIDA 32507-2018 US	C/O JOHNNIE JONES 652 SEAPINE CIR PENSACOLA FLORIDA 32506-6239 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3700 Blue Angel Pkwy Suite, Apt. #, etc.	652 Seapine Circle Suite, Apt. #, etc.
City & State: Pensacola Florida	City & State: Pensacola Florida
Zip: 32507 Country:	Zip: Country:

4. FEI Number: 59-6569532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, JOHNNIE 652 SEAPINE CIR PENSACOLA FLORIDA	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Johnnie Jones — March 27, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, JOHNNIE 652 SEAPINE CIR PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, JOHN L 1845 SOUTHBAY DR PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition John L Jones 200 N. Brigadier St Pensacola Fla
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, GERTRUDE 200 N. BRIGIDER PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, RUTHIE 1845 SOUTHBAY DR PENSACOLA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Ruthie Jones 200 N. Brigadier St Pensacola Fla
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUPREE, MARIE S. 1313 N. 7TH AVENUE PENSACOLA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, SYLVESTER 6345 ANTIETAM DRIVE PENSACOLA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — John L Jones — 453-5196 or 206-4129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #