


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 040 ****61.25

DOCUMENT # 731333
 1. Entity Name
COMMUNITY CHURCH OF GOD, INC.



Principal Place of Business Mailing Address
JONES, JOHNNIE **C/O JOHNNIE JONES**
3700 BLUE ANGEL PKWY **652 SEAPINE CIR**
PENSACOLA FL 32507 **PENSACOLA FL 32507-2018**
US **US**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip 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
JOHN, JONES L
652 SEAPINE CIR
PENSACOLA FL

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RENTAS, AGNITA	
STREET ADDRESS	3000 W BLOUNT ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOHN L	
STREET ADDRESS	652 SEAPINE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DELOIS	
STREET ADDRESS	6345 ANTIETAM DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, RUTHIE	
STREET ADDRESS	652 SEAPINE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUPREE, MARIE S.	
STREET ADDRESS	1313 N. 7TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, SYLVESTER	
STREET ADDRESS	6345 ANTIETAM DRIVE	
CITY-ST-ZIP	PENSACOLA FL.	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rentas, Agnita	
STREET ADDRESS	3000 W. Blount St.	
CITY-ST-ZIP	Pensacola Fla	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, John L.	
STREET ADDRESS	652 seapine circle	
CITY-ST-ZIP	Pensacola, Fla 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Delois	
STREET ADDRESS	6345 Antietam Dr.	
CITY-ST-ZIP	Pensacola	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Ruthie	
STREET ADDRESS	652 Seapine Circle	
CITY-ST-ZIP	Pensacola, Fla 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Patricia Baldwin	
STREET ADDRESS	7201 Bruner St. apt. 10 H	
CITY-ST-ZIP	Pensacola 32502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pastor Jones Sylvester	
STREET ADDRESS	6345 Antietam Dr.	
CITY-ST-ZIP	Pensacola, Fla	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John L. Jones Sr* January 19 2006 Home 850-458-5892 Cell 850 982-8346