


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731333</b> 1. Entity Name <b>COMMUNITY CHURCH OF GOD, INC.</b>	
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Principal Place of Business <b>JONES, JOHNNIE</b> <b>3700 BLUE ANGEL PKWY</b> <b>PENSACOLA FL 32507</b> <b>US</b>	Mailing Address <b>C/O JOHNNIE JONES</b> <b>652 SEAPINE CIR</b> <b>PENSACOLA FL 32507-2018</b> <b>US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-6569532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>JOHN, JONES L</b> <b>652 SEAPINE CIR</b> <b>PENSACOLA FL</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**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 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	U000000612769
STREET ADDRESS	02/05/07-80013-013 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Date: 1/27/2007 982-8345 Cell 458-5892 Home