


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 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 (10/07)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>JOHN, JONES L</b> <b>652 SEAPINE CIR</b> <b>PENSACOLA FL</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Jan 22, 2008 850-458-5892