FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 31 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735045 (7)

1. Corporation Name

THE CHURCH OF GOD IN CHRIST OF WESTERN FLORIDA I NCORPORATED

Principal Place of Business	Mailing Address
2705 GULFSTREAM ROAD P.O.BOX 555472 ORLANDO FL 32855	2705 GULFSTREAM ROAD P.O.BOX 555472 ORLANDO FL 32855

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1976
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2343450 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCONIERS, MELTON L. 2705 GULFSTREAM ROAD (POB 5472) ORLANDO FL 32855	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the date of application. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCONIERS, MELTON	12 NAME	700001504411
STREET ADDRESS	2705 GULFSTREAM RD.	13 STREET ADDRESS	-06/02/95--01029--005
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	****140.00 *****70.00
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	COLBERT, THOMAS	22 NAME	
STREET ADDRESS	908 OLIVE STREET	23 STREET ADDRESS	
CITY ST ZIP	PALATKA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOOTSON, TOMMY L.	32 NAME	
STREET ADDRESS	614 SCOTT ST.	33 STREET ADDRESS	
CITY ST ZIP	CLERMONT FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEWIS, CHARLES E.	42 NAME	
STREET ADDRESS	2105 9TH CT. N.E.	43 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, DAVID, SR.	52 NAME	
STREET ADDRESS	4941 N.W. 17TH COURT	53 STREET ADDRESS	5/31/95
CITY ST ZIP	LAUDERHILL FL	54 CITY ST ZIP	
TITLE	VPD	61 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, ELBERT L.	62 NAME	
STREET ADDRESS	1815 ELM STREET	63 STREET ADDRESS	
CITY ST ZIP	QUINCY FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melton L. Sconiers 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Melton L. Sconiers

0034625