FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 02/25/1976
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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

9. Name and Address of Current Registered Agent

SCONIERS, MELTON L.
2705 GULFSTREAM ROAD (POB 5472)
ORLANDO FL 32855

10. Name and Address of New Registered Agent

81 Name: ELDER ELBERT L. SHEPPARD
82 Street Address (P.O. Box Number Is Not Acceptable): 1815 ELM STREET (POB 653)
83 QUINCY, FLORIDA 32351
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Elder E. L. Sheppard ELDER E.L. SHEPPARD MAY 15, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCONIERS, MELTON 2705 GULFSTREAM RD. ORLANDO FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SHEPPARD, ELBERT L. 1815 ELM STREET QUINCY, FLORIDA 32351 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLBERT, THOMAS 908 OLIVE STREET PALATKA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOTSON, TOMMY L. 614 SCOTT ST. CLERMONT FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, CHARLES E. 2105 9TH CT. N.E. WINTER HAVEN FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, DAVID, SR. 4941 N.W. 17TH COURT LAUDERHILL FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	500001835660 -05/22/96--01119--017 ***70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHEPPARD, ELBERT L. 1815 ELM STREET QUINCY FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	5-22-96 JF ☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Elder E. L. Sheppard ELDER E. L. SHEPPARD 5/12/96 (904) 627-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #