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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32855-5472

3. Date Incorporated or Qualified: 02/25/1976
3a. Date of Last Report: 05/22/1996

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: P. O. BOX 550037
City & State 23: ORLANDO FLORIDA
Zip 24: 32855 Country 25:

2a. Mailing Address
26
Suite, Apt. #, etc. 27: P.O. BOX 550037
City & State 28: ORLANDO, FLORIDA
Zip 29: 32855 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

SHEPPARD, ELDER E
1815 ELM ST.
(POB 655)
QUINCY FL 32351

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, ELBERT L		1.2 NAME	
STREET ADDRESS	1815 ELM ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLBERT, THOMAS		2.2 NAME	
STREET ADDRESS	908 OLIVE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WOOTSON, TOMMY L.		3.2 NAME	
STREET ADDRESS	614 SCOTT ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, CHARLES E.		4.2 NAME	
STREET ADDRESS	2105 9TH CT. N.E.		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, DAVID, SR.		5.2 NAME	
STREET ADDRESS	4941 N.W. 17TH COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, ELBERT L.		6.2 NAME	
STREET ADDRESS	1815 ELM STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 Elbert L Sheppard Jr. PRESIDENT Jr. SHEPPARD June 9 1997