2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736599

Apr 23, 2007 Secretary of State

Entity Name: INVERNESS FIRST CHURCH OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

5510 E JASMINE LANE INVERNESS, FL 34453

Current Mailing Address: New Mailing Address:

5510 E JASMINE LANE INVERNESS, FL 34453

FEI Number: 59-2275960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, DORTHY 4079 E BENNETT ST INVERNESS, FL 34453 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MARCHESE, VINCE BRAINARD, VIRGIL Name: Name: 5875 S LIVE OAK DRIVE Address: 5570 E JASMINE LANE Address: City-St-Zip: FLORAL CITY, FL 34436 US City-St-Zip: INVERNESS, FL 34453 US

Title: () Delete Title: () Change () Addition

JONES, DORTHY H Name: Name: Address: 4079 E BENNETT Address: City-St-Zip: INVERNESS, FL 34453 City-St-Zip:

Title: DD () Delete Title: () Change () Addition

DOUGLAS, JACK B Name: Name: 9121 E POINT-OF-WOODS Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip:

(X) Change () Addition Title: DD () Delete Title: DD

Name: FERRERIA, JOHN Name: FERREIRA, JOHN 3600 E LAKE TODD DRIVE Address: Address: 3600 E LAKE TODD DRIVE City-St-Zip: HERNANDO, FL 34442 US City-St-Zip: HERNANDO, FL 34442 US

Title: () Delete Title: () Change () Addition

SHARPE, ED Name: Name: 7949 E WISP TRAIL Address: Address: City-St-Zip: INVERNESS, FL 34450 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MOORE, EVELYN E HALL LESTER Name: Name: Address: 10870 SW 185TH TERRACE Address: 144 N CEDARVIEW TERRACE DUNNELLON, FL 34432 US INVERNESS, FL 34453 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORTHY H JONES ST 04/23/2007