FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1129 WHITNEY AVENUE

P.O. BOX 4003 ALBANY GA 31706-4003

21

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 737056

(2)

Mailing Address

JACKSONVILLE FL 32208

Suite, Apt. #, etc.

2a. Mailing Address

City & State

29

P.O. BOX 9962

THE HOUSE OF GOD. THE SAINTS OF CHRIST

Country

9. Name and Address of Current Registered Agent

25

MOORE, LORENZO BISHOP

5663 INTERNATIONAL DRIVE

JACKSONVILLE FL 32219

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NS	Secreta	ry of State
	- 3	
	3. Date Incorporated or Qualified 10/18/1976	
	4. FEI Number 58-1287672	Applied For Not Applicable
	5. Certificate of Status Desired	S8.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	7. Is this nonprofit corporation a ho	omeowners association? Yes No
	 This corporation owes or has pai Personal Property Tax due June 	
	10. Name and Address of New Re	gistered Agent
Name		
Street Address	s (P.O. Box Number is Not Acceptab	ole)
City		FL 85 Zip Code

FILED

Apr 02 1998 8:00am

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.

Country

81 Name

82

83

City 84

SIGNATURE							
	Signature, typed or printed name of registered agent and title if applica	ible (NOTE: R	agistered Agent signature			DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITION	S/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MOORE, LORENZO BISHOP		1.2 NAME				
STREET ADDRESS	5663 INTERNATIONAL DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32219		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	JACKSON, NATHANIEL BISHOP		2.2 NAME				
STREET ADDRESS	10566 MCLAURIN RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP				
TITLE	DY	DELETE	3.1 TITLE	- -		Change	☐ Addition
NAME	GELSEY, JAMES ELDER		3.2 NAME				
STREET ADDRESS	RT. 3, BOX 20E		3.3 STREET ADDRESS				
CITY-ST-ZIP	FOLKSTON GA 31357		3.4. CITY - ST-ZIP				
TITLE	DS	DELETE	4.1 TITLE			☐ Change	Addition
NAMÉ	FORD, GUS BISHOP		4. 2 NAME				
STREET ADDRESS	2283 SARATOGA DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	DECATUR GA 30032		4.4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	MOORE, LORENZO		5.2 NAME				
STREET ADDRESS	5663 INTERNATIONAL DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CRY-\$1-ZIP				
TITLE	DST	DELETE	6.1 TITLE			Change	Addition
NAME	FORD, GUS C.		6.2 NAME				i
STREET ADDRESS	2283 SARATOGA DRIVE		6.3 STREET ADDRESS				
CITY-ST-7IP	DECATUR GA		64 CITY-ST-ZIP				

I hereby certify that the Information supplied with this filling 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 supplied ental 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 he 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 of an attachment with an address.

SIGNATURE: