


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90120 030 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 737056**

1. Corporation Name

**HOUSE OF GOD SAINTS IN CHRIST, INC.**

Principal Place of Business

1129 WHITNEY AVENUE  
 P.O. BOX 4003  
 ALBANY GA 31706-4003

Mailing Address

P.O. BOX 9962  
 JACKSONVILLE FL 32208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/18/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1287672	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**MOORE, LORENZO BISHOP**  
**5663 INTERNATIONAL DRIVE**  
**JACKSONVILLE FL 32219**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 *Lorenzo Moore* DATE 3/2/1999  
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	1.1 TITLE	PD
NAME	MOORE, LORENZO BISHOP	1.2 NAME	MOORE, LORENZO BISHOP
STREET ADDRESS	5663 INTERNATIONAL DRIVE	1.3 STREET ADDRESS	5663 INTERNATIONAL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	D	2.1 TITLE	DT
NAME	JACKSON, NATHANIEL BISHOP	2.2 NAME	GELSEY, JAMES BISHOP
STREET ADDRESS	10566 MCLAURIN RD.	2.3 STREET ADDRESS	RT. 3, BOX 4435
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	FOLKSTON, GA 31537
TITLE	DT	3.1 TITLE	DS
NAME	GELSEY, JAMES ELDER	3.2 NAME	FORD, GUS C. BISHOP
STREET ADDRESS	RT. 3, BOX 20E	3.3 STREET ADDRESS	2283 SARATOGA DRIVE
CITY-ST-ZIP	FOLKSTON GA 31357	3.4 CITY-ST-ZIP	DECATUR, GA 30032
TITLE	DS	4.1 TITLE	D
NAME	FORD, GUS BISHOP	4.2 NAME	LITMAN, ALTON BISHOP
STREET ADDRESS	2283 SARATOGA DRIVE	4.3 STREET ADDRESS	605 SUGAR STREET
CITY-ST-ZIP	DECATUR GA 30032	4.4 CITY-ST-ZIP	TEFTON, GA 31794
TITLE	D	5.1 TITLE	D
NAME	MOORE, LORENZO	5.2 NAME	MOORE, LORENZO
STREET ADDRESS	5663 INTERNATIONAL DRIVE	5.3 STREET ADDRESS	5663 INTERNATIONAL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	DST	6.1 TITLE	
NAME	FORD, GUS C.	6.2 NAME	
STREET ADDRESS	2283 SARATOGA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Lorenzo Moore* DATE 3/2/1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)