

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 # 737835 (9)
1. Corporation Name
CHURCH OF GOD IN CHRIST OF LUMBERTON, INC.



Principal Place of Business
**LUMBERTON ROAD
PO BOX 1482
ZEPHYRHILLS FL 33539-1482**

Mailing Address
**LUMBERTON ROAD
PO BOX 1482
ZEPHYRHILLS FL 33539-1482**

3. Date Incorporated or Qualified **01/14/1977** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 50-1440061		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**COOPER, KING D.
1601 EAST ALABAMA ST.
APT. 309
PLANT CITY FL**

10. Name and Address of New Registered Agent

81 Name	COOPER, KING D.		
82 Street Address (P.O. Box Number is Not Acceptable)	701 Pennsylvania Street		
83			
84 City	Plant City	85 FL	86 Zip 33566

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, WALTER JR.	1.2 NAME	COLEMAN, BEULAH
STREET ADDRESS	2816 LINCOLN AVE.	1.3 STREET ADDRESS	20631 Wormack Road
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Lacoochee, FL 33537
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GLORIA J	2.2 NAME	SAMPSON, OLLIE M.
STREET ADDRESS	801 W. MADISON STREET	2.3 STREET ADDRESS	7427 Lena Circle
CITY-ST-ZIP	PLANT CITY, FL 0	2.4 CITY-ST-ZIP	Zephyrhills, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKINGTON, MACK	3.2 NAME	COOPER, CARLTON
STREET ADDRESS	2907 CHURCH ROAD	3.3 STREET ADDRESS	1303 W. Bates Street
CITY-ST-ZIP	ZEPHYRHILLS, FL 0	3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, LEON	4.2 NAME	
STREET ADDRESS	2900 WHITE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	5.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, EVANTHONY	5.2 NAME	MCKENZIE, EVANTHONY
STREET ADDRESS	3806 COUNTRY CIRCLE	5.3 STREET ADDRESS	6579 Foxtree Lane
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Gloria J Brown* *Sandra B Mortham* **3/17/96** **(813) 224-2022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)