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NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

CHURCH OF GOD IN CHRIST OF LUMBERTON, INC.  Principal Place of Business  LUMBERTON ROAD PO BOX 1462 2PHYMHILS FL 305391462  2 Particular Flore 3	Corporation	n Name	5 ( <del>9)</del>				1		
UMBETION ROAD PO BOX 1482 TEPHTRHUS FL 33591482 TEPHTRHUS FL 33591	CHUR	CH OF GOD IN CHRIST OF	HUMBERTON INC						
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WARRETON ROAD   CAMBETON ROA									
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PO BOX 1482 TPHYRHINLER FL 3559-1462 TPHYRHINL	LUMBERTON R	ROAD	LUMBERTON ROAD				3 Date Incorporated or Qualified		
## Principal Place of Business ## # # # # # # # # # # # # # # # # #	PO BOX 1482		PO BOX 1482				1	l	
## Principal Place of Business   \$a. Making Address   \$b. Certificate of Stude Delified   \$a. F. Accidences   \$a. Making Address   \$a. Making Address   \$b. Certificate of Stude Delified   \$a. F. Accidences   \$a. Making Address   \$a. Making	ZEPHYRHILLS	FL 33539-1482	ZEPHYRHILLS FL 33539-14	82				······	Applied For
2. Principal Proces of Business   2. Melining Address   2. Melining Address   2. Sults								-	<del></del>
Subs. Apt. P. etc.   Subs. P. etc.	2. Principal P	Place of Business	2a. Mailing Address					□ \$8	<del></del>
City & State   27	21		26				b. Certificate of Status Desired		
City & State    City & State   City							6. Election Campaign Financing		.00 May Be
28							<del></del>		
219   Country   Zip   Country   219   300   Country   8. This corporation ower or has paid the current year intangible   Personal Property. Tox dies, June   30.   Cell   No.   No	<del></del>	— · · · · · · · · · · · · · · · · · · ·						ciation?	
9. Name and Address of Current Registered Agent  10. Name and Address of How Registered Agent  10. Name and Addres					ıntrv		P. This correction away or has r		
Source   S	<b>—</b> '	<b>⊢</b> ¬ ′	<del>-</del>	_	·····,				
COOPER KING, D TOT PENNSYLVANIA ST APT. 309 PLANT CITY FL 33588  10 11 11 11 11 11 11 12 11 11 11 12 11 11				100	T				
TOT PENNSYLVANIA ST APT. 309 PLANT CITY FL 33568  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statuties, the above-named cornoration submits this statement for the purpose of changing its 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, 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 and one if accept the original statutes.  SIGNATURE  Signature to private registered agent and one if accept the original statutes. In the corporation's board of directors. I hereby accept the appointment as registered agent and one if accept the original statutes.  In the corporation's board of directors. I hereby accept the appointment as registered agent and one if accept the original statutes.  SIGNATURE  SIGNATURE  OPTICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17  ITHE  COLEMAN, BEULAH  13. SIRET ADDRESS  12. SAME  2083 WORMACK RD  13. SIRET ADDRESS  12. SAME  23. SIRET ADDRESS  12. SAME  24. SAME  25. SAME  25. SAME  26. Change Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition			· · · · · · · · · · · · · · · · · · ·		81 Name	1			
TO PENNSYLVANIA ST APT 309 PLANT CITY FL 33568  8	COOPE	rking, d			82 Street	Addre	ss (P.O. Box Number is Not Accept	able)	
PLANT CITY FL 33568  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 agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes.  SIGNATURE    Signature, upper or printed name of agent and the if registation   MOTE. Repeated Agent signature registered Agent signature registered agent, or both, in the State of Florida Statutes.  SIGNATURE   Signature, upper or printed name of agent and the if registation   MOTE. Repeated Agent signature registed when reflecting   DATE					<u> </u>				
The provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purposed of changing its registered agent of recipitation statutes, the above-named corporation's board of directors. I hereby accept the exploitment as registered agent and familiar with, and accept the obligations of, Section 617,853, Florids Statutes, the corporation's board of directors. I hereby accept the exploitment as registered agent and familiar with, and accept the obligations of, Section 617,853, Florids Statutes, the corporation's board of directors. I hereby accept the exploitment as registered agent agent and five it applicable.    Interpolation   Interp					83				J
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. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.    Signature	PLANT (	CITY FL 33566			84 City			85	Zip Code
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEM COLLEMAN, BEULAH  20831 WORMACK RD  13. SIREET ADDRESS  20831 WORMACK RD  13. SIREET ADDRESS  20831 WORMACK RD  14. CITY-ST-2IP  LACOOCHEE FL  14. CITY-ST-2IP  LACOOCHEE FL  14. CITY-ST-2IP  14. CITY-ST-2IP  14. CITY-ST-2IP  14. CITY-ST-2IP  14. CITY-ST-2IP  14. CITY-ST-2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEM  12. NAME  14. CITY-ST-2IP  14. CITY-ST-2IP  14. CITY-ST-2IP  14. CITY-ST-2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEM  16. CHange  17. Change  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEM  18. COLLEMAN, BEULAH  19. Change  10. Ch		4-	0 1047 4500 El-14- <b>6</b>						
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Suprement paped to printed name of registered agent and offer it applicables (NOTE: Registered Agent included required when revealed when re	agent la	im familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orlda Sta	tutes.		-	. ,,	,
TITLE  D COLEMAN, BEULAH STREET ADDRESS CITY-ST-ZP TITLE D Change Addition Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change	SIGNATURE	Signature, typed or printed name of registered any	ent and title if applicable (NOT	F: Registere	d Agent signatur	e required	d when reinstallion)	DATÉ	
NAME   COLEMAN, BEULAH   12   NAME   13   STREET ADDRESS   14   COTY-ST-ZPP   LACOOCHEE FL   14   COTY-ST-ZPP   LACOOCHEE FL   14   COTY-ST-ZPP   LACOOCHEE FL   14   COTY-ST-ZPP   LACOOCHEE FL   15   COTY-ST-ZPP   LACOOCHEE FL   16   COTY-ST-	12.					- 10g5100			CTORS IN 12
CITY-ST-ZIP LACOOCHEE FL  TITLE SD DELÉTE 21 TITLE  BROWN, GLORIA J  STREET ADDRESS  CITY-ST-ZIP PLANT CITY, FL 0  DELÉTE 31 TITLE  VD DELÉTE 31 TITLE  WAME BROCKINGON,MACK  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELÉTE 41 TITLE  D DELÉTE 41 TITLE  Change Addition  Addition  DELÉTE 41 TITLE  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Addition  Change Addition	TITLE		☐ DELETE	1.1 T	ITLE	D		☐ Cr	nange 12 Addition
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NAME   BROWN, GLORIA J   22 NAME   STREET ADDRESS   BO1 W. MADISON STREET   23 STREET ADDRESS   CITY-SI-ZIP   PLANT CITY, FL 0   DELETE   31 TITLE   Change   Addition   Addit		<del> </del>	□ pri cer	_		La	heland Fl 38-01		
STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 31 TITLE VD MAKE BROCKINGON,MACK 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE D MAKE COOPER, CARLTON M JR. STREET ADDRESS CITY-ST-ZIP TITLE D MAKE STREET ADDRESS CITY-ST-ZIP TITLE D MAKE COOPER, CARLTON M JR. STREET ADDRESS CITY-ST-ZIP TITLE D MAKE STREET ADDRESS CITY-ST-ZIP TITLE D MCKENZIE, EVANTHONY S2 NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL S1 STREET ADDRESS CITY-ST-ZIP LAKELAND FL S1 STREET ADDRESS CITY-ST-ZIP TITLE D MAKE SAMPSON, OLLIE M SAMPSON, OLLIE M STREET ADDRESS CITY-ST-ZIP ZEPHRYHILLS FL S1 STREET ADDRESS CITY-ST-ZIP ZEPHRYHILLS FL S1 STREET ADDRESS CITY-ST-ZIP ZEPHRYHILLS FL S4 CITY-ST-ZIP ZEPHRYHILLS FL S4 CITY-ST-ZIP ZEPHRYHILLS FL S4 CITY-ST-ZIP ZEPHRYHILLS FL		77	L. DELETE			ì		L Ur	ange L_ Addition (
CITY-ST-ZIP  TITLE  VD  BROCKINGON,MACK  STREET ADDRESS  CITY-ST-ZIP  ZEPHYRHILLS, FL 0  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  ZEPHYRHILLS, FL 0  DELETE  4.1 TITLE  COOPER, CARLTON M JR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  PTD  MAKE  MCKENZIE, EVANTHONY  STREET ADDRESS  CITY-ST-ZIP  TITLE  PTD  DELETE  5.1 TITLE  MCKENZIE, EVANTHONY  STREET ADDRESS  CITY-ST-ZIP  LAKELAND FL  DELETE  6.1 TITLE  DELETE  6.1 TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition									
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CITY-ST-ZIP ZEPHRYHILLS FL 6.4 CITY-ST-ZIP						1			1
			ith this filing does not qualify fo			ed in S	ection 119.07(3)(i), Florida Statutes.	I further certify th	at 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 it 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 on an allechmen with an address.

**FILED** 

May 14 1998 8:00am

Secretary of State