

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/14/1977	
4. FEI Number 50-1440061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**COOPER KING, D
701 PENNSYLVANIA ST
APT. 309
PLANT CITY FL 33566**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COLEMAN, BEULAH
STREET ADDRESS	20631 WORMACK RD
CITY-ST-ZIP	LACOOCHEE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BROWN, GLORIA J
STREET ADDRESS	801 W. MADISON STREET
CITY-ST-ZIP	PLANT CITY, FL 0
TITLE	VD <input type="checkbox"/> DELETE
NAME	BROCKINGTON, MACK
STREET ADDRESS	2907 CHURCH ROAD
CITY-ST-ZIP	ZEPHYRHILLS, FL 0
TITLE	D <input type="checkbox"/> DELETE
NAME	COOPER, CARLTON M JR.
STREET ADDRESS	1303 W. BATES CT.
CITY-ST-ZIP	PLANT CITY FL
TITLE	PTD <input type="checkbox"/> DELETE
NAME	MCKENZIE, EVANTHONY
STREET ADDRESS	8579 FOXTREE LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAMPSON, OLLIE M
STREET ADDRESS	7427 LENA CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Jones
1.3 STREET ADDRESS	1125 Galloway Rd
1.4 CITY-ST-ZIP	Lakeland FL 33010
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Gloria J Brown* 5/4/98

CR2E037 (10/97)