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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737835
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/14/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 50-1440061
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
 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 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 _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, BEULAH	1.2 NAME	DAVID JONES
STREET ADDRESS	20631 WORMACK RD	1.3 STREET ADDRESS	1125 Galloway Rd
CITY-ST-ZIP	LACOOCHEE FL	1.4 CITY-ST-ZIP	LAKELAND, FL 32810
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GLORIA J	2.2 NAME	
STREET ADDRESS	801 W. MADISON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 0	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKINGTON, MACK	3.2 NAME	
STREET ADDRESS	2907 CHURCH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 0	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CARLTON M JR.	4.2 NAME	
STREET ADDRESS	1303 W. BATES CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, EVANTHONY	5.2 NAME	
STREET ADDRESS	6579 FOXTREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, OLLIE M	6.2 NAME	
STREET ADDRESS	7427 LENA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	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: Gloria J Brown, SD DATE: 4/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)