


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90087 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<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 GALLAWAY RD	
CITY-ST-ZIP	LACOOCHIE FL		1.4 CITY-ST-ZIP	LAKE LAND, 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	LAKE LAND 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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)