

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **740488 (2)**  
1. Corporation Name  
**INDEPENDENT CHURCH OF GOD, BROTHERHOOD, INC.**

MAY - 1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4831 PARCH RD MILTON FL 32583 US		7831 PARCH RD MILTON FL 32583 US		10/21/1977	03/18/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1841365	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		<input type="checkbox"/>	
Zip		Zip		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
24		29		<input checked="" type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KENNEDY, JOHNNIE M. 628 OLD HWY 90 MILTON FL 32570				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNDY, KIRK EUGENE	12 NAME	KENNEDY, KIRK EUGENE
STREET ADDRESS	628 OLD HWY 90	13 STREET ADDRESS	6664 OLD HWY 90
CITY - ST - ZIP	MILTON, FL 00000	14 CITY - ST - ZIP	MILTON, FL
TITLE	VT	21 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, SIMON P	22 NAME	KENNEDY, SIMON P.
STREET ADDRESS	628 OLD HWY 90	23 STREET ADDRESS	6664 OLD HWY 90
CITY - ST - ZIP	MILTON, FL 00000	24 CITY - ST - ZIP	MILTON, FL
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LOETTA	32 NAME	
STREET ADDRESS	19227 BELL RD	33 STREET ADDRESS	
CITY - ST - ZIP	FAIRHOPE, AL 00000	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOHNNIE M	42 NAME	KENNEDY, JOHNNIE M.
STREET ADDRESS	628 OLD HWY 90	43 STREET ADDRESS	6664 OLD HWY 90
CITY - ST - ZIP	MILTON, FL 00000	44 CITY - ST - ZIP	MILTON, FL
TITLE	P	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, WESLEY	52 NAME	
STREET ADDRESS	19227 BELL RD	53 STREET ADDRESS	
CITY - ST - ZIP	FAIRHOPE, AL 00000	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, KATHRINE	62 NAME	
STREET ADDRESS	19227 BELL RD	63 STREET ADDRESS	
CITY - ST - ZIP	FAIRHOPE AL	64 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 110.07(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: BELL, LOETTA *Loetta Bell* 4-19-95 334 928-2864  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #