

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **4831 PARCH RD MILTON FL 32583 US**
Mailing Address: **4831 PARCH RD MILTON FL 32583 US**

3. Date Incorporated or Qualified: **10/21/1977**
3a. Date of Last Report: **05/01/1995**

| | | | | | | | | | |
|----|--------------------------------|----|---------------------|----|---|--------------------------|---------------------------------------|----------------|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FBI Number 59-1841365 | Applied For | <input type="checkbox"/> | Not Applicable | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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 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) (Initial: Registered Agent signature required when certifying)

| 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 type="checkbox"/> Addition |
| NAME | KENNEDY, KIRK EUGENE | 1.2 NAME | |
| STREET ADDRESS | 6664 OLD HWY 90 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, SIMON P | 2.2 NAME | |
| STREET ADDRESS | 6664 OLD HWY 90 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, LOETTA | 3.2 NAME | |
| STREET ADDRESS | 19227 BELL RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FAIRHOPE, AL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, JOHNNIE M | 4.2 NAME | |
| STREET ADDRESS | 6664 OLD HWY 90 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILTON, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, WESLEY | 5.2 NAME | |
| STREET ADDRESS | 19227 BELL RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FAIRHOPE, AL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, KATHRINE | 6.2 NAME | |
| STREET ADDRESS | 19227 BELL RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FAIRHOPE AL | 6.4 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 119.07(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: Loetta Bell DATE: 4-8-96 TELEPHONE: 334 928-7864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)