



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90017 048 \*\*\*\*61.25

<b>DOCUMENT # 740488</b>					
1. Entity 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		<p style="font-size: 24pt; font-weight: bold;">40021044</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02072005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1841365		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNEDY, JOHNNIE M. 4645 GUNTER RD MILTON, FL 32570			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, KIRK EUGENE		NAME		
STREET ADDRESS	6789 WALKER STREET		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, LOETTA		NAME		
STREET ADDRESS	19227 BELL ROAD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE, AL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, LOETTA		NAME		
STREET ADDRESS	19227 BELL RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE, AL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, JOHNNIE M		NAME		
STREET ADDRESS	4645 GUNTER RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, AL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, WESLEY		NAME		
STREET ADDRESS	19227 BELL RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE, AL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, KATHRINE		NAME		
STREET ADDRESS	19227 BELL RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE, AL		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Loetta Bell - Loetta Bell</i>			Date: <i>2-17-05</i> (251) 928-7864		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		