

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 25, 2009  
Secretary of State**

DOCUMENT# 740488

Entity Name: INDEPENDENT CHURCH OF GOD, BROTHERHOOD, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

4831 PARCH RD  
MILTON, FL 32583 US

**Current Mailing Address:**

**New Mailing Address:**

4831 PARCH RD  
MILTON, FL 32583 US

FEI Number: 59-1841365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KENNEDY, JOHNNIE M.  
4645 GUNTER RD  
MILTON, FL 32570 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KENNEDY, KIRK EUGENE  
Address: 6789 WALKER STREET  
City-St-Zip: MILTON, FL 32570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Delete  
Name: BELL, LOETTA  
Address: 19227 BELL ROAD  
City-St-Zip: FAIRHOPE, AL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: KENNEDY, JOHNNIE M  
Address: 4645 GUNTER RD  
City-St-Zip: MILTON, AL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS ( ) Delete  
Name: BELL-TUNSTALL, KATHERINE  
Address: 19227 BELL RD  
City-St-Zip: FAIRHOPE, AL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOETTA BELL

P

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date