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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 13 1998 8:00am  
Secretary of State

DOCUMENT # 745405 (1)

1. Corporation Name

THE FAMILY OF GOD CHURCH, INC.



Principal Place of Business

Mailing Address

~~605 AIA NORTH~~  
~~STE #105~~  
~~PONTE VEDRA BCH FL 32082~~  
US

~~605 AIA NORTH~~  
~~STE #105~~  
~~PONTE VEDRA BCH FL 32082~~  
US

3. Date Incorporated or Qualified

12/28/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1000 S. Semoran Blvd.

25 1000 S. Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 704

27 # 704

City & State

City & State

23 Winter Park, FL

28 Winter Park, FL

Zip

Zip

24 32792

25 U.S.A.

29 32792

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOTH, JEAN K  
~~605 AIA NORTH~~  
~~STE #105~~  
~~PONTE VEDRA BCH FL 32082~~

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME TOOTH, JEAN K.

STREET ADDRESS ~~605 AIA NORTH~~

CITY-ST-ZIP ~~PONTE VEDRA BCH FL~~

TITLE VD ☐ DELETE

NAME BROOKS, LEWIS

STREET ADDRESS 305 HILLSIDE DR.

CITY-ST-ZIP SYLVESTER GA 31791

TITLE SD ☐ DELETE

NAME BONNIFER, KEN

STREET ADDRESS 1428 MAURY

CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Jeann K. Toth

4-20-98

CP2E037 (10/97)