## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

748875

(2)

COMMUNITY CHURCH OF GOD IN CHRIST, INC.												
Principal Plac	e of Business		Mailing Address									
1101 NW 29TH TERR				•								
	DALE FL 3331		1101 NW 29TH TERR FT LAUDERDALE FL 33311									
								3. Date Incorporated or	r Qualified	3a. Date of Las	st Report	
		·						09/11/1979		05/01/	•	
<u> </u>	Place of Busine	ess	-	2a. Mailing Address				4. FEI Number			Applied For	
Suite, Apt.	# etc		26	Suite, Apt. #, etc.				65-0097652	· · · · · · · · · · · · · · · · · · ·		Not Applicable	
22				27				5. Certificate of Status	Desired		5 Additional Required	
City & Stat	te		28					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country			— — — — — — — — — — — — — — — — — — —		Country	,	8. This corporation has liability for Int			tangible tax under s. 199.032,	
24	4 25 9. Name and Address of Curren			29 30			Florida Statutes Yes No					
	B. Ivanie	and Address of Cut	I our nagus	10. Name and Address	10. Name and Address of New Registered Agent							
CADTE	D EUNE U					81	Name					
CARTER, EDDIE D 3240 NW 4TH ST				82 Street Ad			Street Add	lress (P.O. Box Number is No	t Acceptable	e)		
FT LAUDERDALE FL 33311				83								
		2 00077										
						84	City				lip Code	
<ol> <li>Pursuant or registe</li> </ol>	to the provision	ons of Sections 617.05	02 and 61	7.1508, Florida Stat	lutes, the a	bove-r	named corpo	ration submits this statement and of directors. I hereby acce	for the purp		registered office	
		t the obligations of, S				ie corp	oration s boa	ard of directors. Thereby acce	pt the appoi	intment as registere	d agent. I am	
SIGNATURE	Lod	it D.	CA	Rter		Œ	de	e D ( ast	4_	4//	1/96	
12.	signature, typed o	r printed rame of registered ac OFFICERS A			(NOTE: Registe	3.	at signature require	ad when reinstating)	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	DATE DIRECT		
TITLE	PD	0771021107	110 0110	DELETE		1 TITLE		ADDITIONS/CHANGE	S PO OFFIC	JERS AND DIRECT	ORS IN 12  Addition	
NAME	1	M. HAWTHORNE		_		2 NAME	-			Change	☐ Addition	
STREET ADDRESS	1101 NV	V 29TH TERRACE			1.3	3 STREET	ADDRESS					
CITY-ST-ZIP	FT. LAU	DERDALE FL			1.4	4 CITY-S	T-ZIP					
TITLE	VPD			DELETE	2.	1 TITLE				Change	Addition	
NAME	SHELTON HAWTHORNE			2.2 NAME								
STREET ADDRESS	THE THE COURT I CHILD TO C			2.3 STREET ADDRESS			ADDRESS					
CITY-ST-ZIP TITLE	SD FI. LAUI	DERDALE FL		C OCCUPANT		4 CITY-S	ST-ZIP			- 11		
NAME	[	MCBRIDE		DELETE		TITLE				☐ Change	☐ Addition	
STREET ADDRESS		/ 11TH AVE.			- 1	NAME						
CITY-ST-ZIP	1	DERDALE FL					ADDRESS				i	
TITLE	TD TD	DEIND/ILL I L		DELETE		I. CITY-S I TITLE	01-ZIP			Change	Addition	
NAME	JOYCE S	SCOTT				2 NAME				— спалуе	L) Addition	
STREET ADDRESS		8TH STREET			4.3	STREET	ADDRESS					
CITY - ST - ZIP	FT. LAU	DERDALE FL			4.4	CITY-ST	T- ZIP					
TITLE				DELETE	51	TITLE				☐ Change	☐ Addition	
NAME					5.2	NAME	·					
STREET ADDRESS					5.3	STREET	ADDRESS					
CITY-ST-ZIP TITLE	<del></del>	<del></del>		[]Delete		CITY-ST	r-ZIP					
NAME				□DELETE		TITLE				☐ Change	☐ Addition	
STREET ADDRESS						NAME	4DDD500					
CITY-ST-ZIP							ADDRESS					
14. I do hereb	y certify that the	he Information supplied	d with this	filing is voluntarily fu	michael es	city-st d does		or the exemption stated in Se	ction 119 0	7/3)(k) Florida Status	les I further	
oath; that	I am an officei		onration or	the receiver or trust	inuai repor			or the exemption stated in Se ite and that my signature shall s report as required by Chapt				

SIGNATURE: CARRIE M. HAWTHINGE Care MH owthomo, 305, 5838209