FILE NOW: FILING FEE IS \$61.25 CM WILL

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT# | 740 | ~~~ |
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| 1363C1 1881C811 # | /// | <i>-</i> |
| INUNUINI # | /4/3/ | 77:1 |
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| 1 Companiis - Nomes | | |

COMMUNITY CHURCH OF GOD IN CHRIST, INC.

| Princ | laqk: | Place | of B | usiness |
|-------|-------|-------|------|---------|
| 1101 | NW | 29TH | TER | 7 |
| FT L | AUDI | ERDAL | E FL | 33311 |

STREET ADDRESS

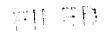
CITY-ST-ZIP

TITLE

Malling Address

FT LAUDERDALE FL 33311

1101 NW 29TH TERR



99 MAR 15 AH11: 02

TALLAHASSEE, FLORIDA

Change

☐ Addition

| 21 | Principal Place of Business | 2a 26 | Malling Address | | | | Date Incorporated or Qualifed 09/11/1979 | | | |
|----|--|----------|-------------------------------|-------|-----------------|--|---|------------------------------|----------------|------------------------------------|
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | | | 1 | FEI Number 65-00976 52 | | - | Applied For Not Applicable |
| 23 | City & State | 28 | City & State | | | 5. | Certificate of Status Desired | | | 75 Additional se Required |
| 24 | Zip Country 25 | 28 | Zip Co [30] | untry | | • | Election Campaign Financing Trust Fund Contribution | | | .00 May Be ided to Fees |
| | 9. Name and Address of Current F | tegis | tered Agent | I | | 10. Name and Address of New Registered Agent | | | | |
| | CARTER. EDDIE D | | | 81 | | 70 | O B. W. L. L. W. C. | | | |
| • | 3240 NW 4TH ST | | | 184 | Street Addres | 15 (P. | O. Box Number is Not Acceptal | Di e } | | |
| | FT LAUDERDALE FL 33311 | | | 83 | | | | | | |
| Ì_ | | | | 84 | City | | | FL | 85 | Zip Code |
| 1 | Pursuant to the provisions of Sections 617.0502 a office or registered agent, or both, in the State of agent. I am fatfiliar with, and accept the obligation | Flori | ia. Such change was authorize | d by | the corporation | ation 's bor | submits this statement for the pard of directors. I hereby accept | ourpose of ci the appoint | nangii ment | ng its registered as registered |

| SIGNATURE Shouther 1999 or printer haring of registaries Sport and the N applicable (NOTE: Registered Agent signature required when reinstarting) DATE | | | | | | | |
|--|----------------------|----------|---------------------|---|--|--|--|
| 12. | OFFICERS AND DIRECTO | RS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | DELETE | 1.1 TITLE | Change Addition | | | |
| NAME | CARRIE M. HAWTHORNE | | 1.2 NAME | 7000028144676 | | | |
| STREET ADDRESS | 1101 NW 29TH TERRACE | | 1.3 STREET ADDRESS | 03/22/9901152016 | | | |
| CITY-8T-ZIP | FT. LAUDERDALE FL | | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 | | | |
| TITLE | VPD | ☐ DELETE | 2 1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | SHELTON HAWTHORNE | | 22 NAME | | | | |
| STREET ADDRESS | 1101 NW 29TH TERRACE | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 2 4 OTY-ST-ZIP | <u> </u> | | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | Change Dadditton | | | |
| NAME | MARTHA MCBRIDE · | | 3.2 NAME | 2925 NW 10th Ct | | | |
| STREET ADDRESS | 1534 NW 11TH AVE. | | 3.3 STREET ADDRESS. | 2925 NW 10th Ct. | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 3.4. CITY-ST-ZIP | FL. LAUdeRYALLEL 33311 | | | |
| TITLE | TO | DOELETE | 4.1 TITLE | PALLE RUN () OUMS Change HAddition | | | |
| NAME | JOYCE SCOTT | | 4.2 NAME | MI HOLYTO COMES | | | |
| STREET ADDRESS | 3201 NW 8TH STREET | | 4.3 STREET ADDRESS | 4911NW162St | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 4.4 CITY-ST-ZIP | LAULER HILL FL 33313 | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition | | | |
| NAME | | | 52 NAME | | | | |

6.4 CITY- ST-2IP 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, with all other like empowered.

6.1 TITLE

8.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS 54 CITY-ST-ZIP