

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90033 022 \*\*\*\*61.25

**DOCUMENT # 749642**

1. Entity Name  
**SOULS' HARBOR CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business Mailing Address  
**1538 E LK DRIVE 901 N.E. LAKE DR. P.O. BOX 1134**  
**PO BOX 1134 LAKE CITY, FL 32056 US**  
**LK CITY, FL 32055**

**54027286**



**DO NOT WRITE IN THIS SPACE**

04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2861429** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOGGINS, REV. MELVIN L.**  
**1291 E. CAMP ST. 721 S.E. CAMP ST**  
**LAKE CITY, FL 32055**

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IN THIS SPACE**

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 *Melvin L. Goggins* **Melvin L. Goggins** 4/2/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOGGINS, MELVIN L. 1291 E. CAMP ST. 721 SE CAMP STREET LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, PATRICIA W P.O. BOX 601 N/A LAKE CITY, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, TEAL S. 3217 DEFENDER AVE LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENTZ, AGUSTUS RT 11 BOX 645 LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Melvin L. Goggins* **Melvin L. Goggins** 4/2/04 386-755-8190  
Signature and typed or printed name of signing officer or director Date Daytime Phone #