2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761445

FILED Jan 19, 2009 Secretary of State

Entity Name: CHRISTIAN CHURCH OF GOD, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

7087 WASHINGTON AVE. LAKE WORTH, FL 334625201

Current Mailing Address: New Mailing Address:

7087 WASHINGTON AVE.
P.O. BOX 3827
LAKE WORTH, FL 334625201

FEI Number: 59-2158428 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:

GILBERT, NEVILLE 7087 WASHINGTON AVE LANTANA, FL 33462 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: PD () Delete Title: PD (X) Change () Addition Name: GILBERT, NEVILLE C., Address: 7087 WASHINGTON AVE GILBERT, NEVILLE C., Address: 7087 WASHINGTON AVE

 Address:
 7087 WASHINGTON AVE
 Address:
 7087 WASHINGTON AVE

 City-St-Zip:
 LANTANA, FL
 City-St-Zip:
 LANTANA, FL
 33462

Title: D () Delete Title: () Change () Addition

 Name:
 IRELAND, JOHN
 Name:

 Address:
 3565 NO OCEAN BLVD.
 Address:

 City-St-Zip:
 GULSTREAM, FL 33483
 City-St-Zip:

Name: GILBERT, JOYCE,
Address: 7087 WASHINGTON AVENUE Name: GILBERT, JOYCE,
7087 WASHINGTON AVENUE 7087 WASHINGTON AVENUE

City-St-Zip: LANTANA, FL City-St-Zip: LANTANA, FL 33462

Title: S () Delete Title: () Change () Addition

 Name:
 GILBERT, JOYCE
 Name:

 Address:
 7087 WASHINGTON AVE
 Address:

 City-St-Zip:
 LANTANA, FL 33462
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LIVINGSTON, WILLIAM
 Name:

 Address:
 9134 W. HIGHLANDS PINES BLVD
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 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: NEVILLE C. GILBERT PRES 01/19/2009