

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 765265 (4)
1. Corporation Name
SEVENTH DAY CHURCH OF GOD OF FLORIDA, INC.

Principal Place of Business Mailing Address
C/O PEARLINE WHITE 19823 MIDWAY BLVD. PORT CHARLOTTE FL 33948
C/O PEARLINE WHITE 19823 MIDWAY BLVD. PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1982 3a. Date of Last Report 02/10/1994

4. FEI Number 65-0041062 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country
26 2a. Mailing Address 27
28 29 30

40 ROSEALBE BURKE
4655 MYLA LANE
WEST PALM BEACH, FL
33417 USA

9. Name and Address of Current Registered Agent
ATKINS, LILLY B.
8740 ALAM AVENUE NW
NORTH PORT FL 34287

10. Name and Address of New Registered Agent
81 Name BRUKIE BROWN
82 Street Address (P.O. Box Number is Not Acceptable) 1909 HAVERHILL ROAD, # 7
83
84 City WEST PALM BEACH FL 85 Zip Code 33417

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Brukie Brown BRUKIE BROWN 3-8-95
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	PDM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BRUKIE	1.2 NAME	
STREET ADDRESS	1909 HAVER HILL APT 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLTON, RICHARD	2.2 NAME	
STREET ADDRESS	2117 TALLAHASSEE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, LILLY BELLE	3.2 NAME	
STREET ADDRESS	8740 N.W. ALAM AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, VELMA	4.2 NAME	
STREET ADDRESS	4531 LULLABY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Brukie Brown BRUKIE BROWN 3-8-95
Signature and typed or printed name of signing officer or director Date Daytime Phone #