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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  
2a. Mailing Address 2a. 40 ROSEALBE BURKE 4655 MYLA LANE  
Suite, Apt. #, etc. 27  
City & State 23 WEST PALM BEACH, FL  
Zip 24 33417 Country 25 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

TITLE	PDM
NAME	BROWN, BRUKIE
STREET ADDRESS	1909 HAVER HILL APT 7
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VPD
NAME	CHARLTON, RICHARD
STREET ADDRESS	2117 TALLAHASSEE DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	STD
NAME	ATKINS, LILLY BELLE
STREET ADDRESS	8740 N.W. ALAM AVE.
CITY-ST-ZIP	NORTH PORT FL
TITLE	D
NAME	THOMPSON, VELMA
STREET ADDRESS	4531 LULLABY ROAD
CITY-ST-ZIP	NORTH PORT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMPSON, ROHAN
2.3 STREET ADDRESS	4531 LULLABY ROAD
2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
3.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSEALBE BURKE
3.3 STREET ADDRESS	4655 MYLA LANE
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
4.1 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ATKINS, LILLY BELLE
4.3 STREET ADDRESS	8740 N.W. ALAM AVENUE
4.4 CITY-ST-ZIP	NORTH PORT, FL 34287
5.1 TITLE	DIRECTOR/ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHARON SCOTT
5.3 STREET ADDRESS	2520 N.W. 39th WAY. #1B
5.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
6.1 TITLE	DIRECTOR/ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	THOMPSON, VELMA
6.3 STREET ADDRESS	4531 LULLABY ROAD
6.4 CITY-ST-ZIP	NORTH PORT, FL 34287

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 #