

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770348** (1)

1. Corporation Name
THE CHURCH OF GOD UNIVERSAL AT GENEVA, FLORIDA, INC.



Principal Place of Business: P O BOX 1164 GENEVA FL 32732
Mailing Address: P O BOX 1164 GENEVA FL 32732

3. Date Incorporated or Qualified: **09/22/1983**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
		26			59-2486608	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	30	Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CRABTREE, DONALD R. 780 COCHRAN RD. GENEVA FL 32732		81	Name		
		82	Street Address (P.C. Box Number is Not Acceptable)		
		83			
		84	City	85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYPLES, ALBERTA	1.2 NAME	HAVEN, EDITH
STREET ADDRESS	413 E OSCEOLA	1.3 STREET ADDRESS	833SETTLERS LOOP
CITY-ST-ZIP	GENEVA FL	1.4 CITY-ST-ZIP	GENEVA, FL 32732
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, DAN	2.2 NAME	
STREET ADDRESS	780 COCHRAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, PATTY	3.2 NAME	
STREET ADDRESS	2425 OSCEOLA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCLAVON, SUSAN	4.2 NAME	
STREET ADDRESS	265 MCLAIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELFLOWER, T.H.	5.2 NAME	
STREET ADDRESS	265 MCLAIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, STANLEY	6.2 NAME	
STREET ADDRESS	220 S COCHRAN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL	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 119.07(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: Donald R. Crabtree DONALD R. CRABTREE 4-15-96 (407) 349-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)