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FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771100 (5)

1. Corporation Name
GOD'S ACRES CHURCH, INC.

Principal Place of Business	Mailing Address
C/O W. L. KING 702 SUNDANCE ROAD WIMAUMA FL 33598	C/O W. L. KING 702 SUNDANCE ROAD WIMAUMA FL 33598

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1983
3a. Date of Last Report: 04/04/1994
4. FEI Number: 23-7043978 — ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

KING, W. L.
702 SUNDANCE ROAD
WIMAUMA FL 33598

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KING, W. L.	12 NAME	
STREET ADDRESS	702 SUNDANCE TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	KING, BELISA M.	22 NAME	
STREET ADDRESS	702 SUNDANCE TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BOWEN, WILLIAM	32 NAME	
STREET ADDRESS	5602 MOORFIELD HWY	33 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY SC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JIM	42 NAME	
STREET ADDRESS	18224 C.R. 108	43 STREET ADDRESS	
CITY-ST-ZIP	COSHOCTON OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	GRAY, ARLEN	52 NAME	Daniel J King
STREET ADDRESS	703 SUNDANCE TRAIL	53 STREET ADDRESS	702 Sundance Tr
CITY-ST-ZIP	WIMAUMA FL	54 CITY-ST-ZIP	Wimauma, FL 33571
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	MCCONKEY, HOWARD	62 NAME	
STREET ADDRESS	RT.1, BREVARD RD	63 STREET ADDRESS	
CITY-ST-ZIP	BEAVER PA	64 CITY-ST-ZIP	

14. I/We 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)(i), 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: W L King Feb. 14, 1995
MANDATORY: TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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