FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



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

ANNUAL REPOR
1996

1. Corporation	MENT # 771160 TIONS CHURCH OF GOD E	` '		
Principal Place	of Business New Address.	Mailing Address		
2860 FREEMS ST. PETERSB	ONT-TERRACE SOUTH URG FL 33712	3850 9TH AVE. SO. ST. PETERSBURG FL 3	9711	
3000 5t. fe	_4th Ave. South. cters burg F1, 3371	us 2		3. Date incorporated or Qualified 11/08/1983 3a. Date of Last Report 04/07/1995
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For S9-2433685 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et				5. Certificate of Status Desired \$8.75 Additional
22	 	27		Fee Required
City & State	;	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Current	Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
"	g, Italia alla Mantoso e. Californi	Trogration and Tragerit	81 Name	IO. same alla station of story stationary desire
	S, JAMES E.		82 Street Add	Iress (P.O. Box Number is Not Acceptable)
	NTH AVENUE SOUTH		83	
SI. PEI	ERSBURG FL 33711			
			84 City	FL 85 Zip Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	 Such change was authoriz 	ed by the corporation's boa	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
	Signature, typed or printed name of registered again, a OFFICERS AND		TE: Registered Agent signature require	ed when reinstating! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD OFFICERS AND	DELETE	13. 1.1 TITLE	Change Addition
NAME	FLOWERS, MAJOR		1.2 NAME	
STREET ADDRESS	2323 35TH STREET SOUTH		1.3 STREET ADDRESS	
CITY-SI-ZIP TIFLE	ST. PETERSBURG FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHNNIE L(PASTR	Досси	22 NAME	
STREET ADDRESS	3850 NINTH AVENUE SOUTH		23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	<u>-</u>	2 4 CHTY- ST-ZIP	
TITLE	VD Williams, James E.	DELETE	3 1 TITLE	Change Addition
NAME STREET ADDRESS	3850 NINTH AVENUE SOUTH		3.2 NAME 3.3 STREET ADDRESS	
C-TY-ST-ZIP	ST. PETERSBURG FL		34. CHY-ST-ZIP	
THILE	SD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, DOROTHY 2005 28TH STREET SOUTH		4. 2 NAME	
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE	TD	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, B. G.		5.2 NAME	
STREET ADDRESS	1835 27TH STREET SOUTH		5.3 STREET ADDRESS	
CITY+S1-ZIP	ST. PETERSBURG FL	Finerese	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME	WELLS, WAYNE	DELETE	6.1 TITLE 6.2 NAME	□ cuange □ Addition
STREET ADDRESS	317-41ST STREET SOUTH		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		6 4 CITY - ST - ZIP	
14. I do hereb certify that oath: that	by certify that the information supplied w	al report or supplemental and ration or the receiver or truste	nished and does not qualify nual report is true and accur be empowered to execute the	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rate and that my signature shall have the same legal effect as if made under his report as required by Charger 617, Florida Statutes; and that my name

SIGNATURE: