## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

Hanny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 26, 2005 8:00 am Secretary of State **DOCUMENT #820222** 05-26-2005 90026 048 \*\*\*\*61.25 CHURCH EXTENSION OF THE CHURCH OF GOD, INC. Principal Place of Business Mailing Address **1812 UNIVERSITY BLVD** P. O. BOX 2069 ANDERSON, IN 46012 ANDERSON, IN 46018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05202005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 35-0869027 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Fillng Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to ... П Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition BENTLEY, BARRY NAME **1812 UNIVERSITY BLVD** STREET ADDRESS STREET ADDRESS ANDERSON, IN 46012 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HANCOCK, W. ALLEN NAME NAME 1812 UNIVERSITY BLVD STREET ADDRESS STREET ADDRESS ANDERSON, IN 46012 CITY-ST-ZIP CITY-ST-7IP C . Addition ☐ Detete TITLE ☐ Change TITLE JOHNSON, FRANK NAME NAME STREET ADDRESS 6100 WEST MAPLE STREET ADDRESS CITY-ST-ZIP WICHITA, KS 67209 CITY-ST-ZIP ☐ Delete Change ☐ Addition JONES, WILLIAM DR. NAME NAME **4212 ALPHA STREET** STREET ADDRESS STREET ADDRESS LANSING, MI 48910 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE HAMILTON, BRUCE REV. NAME NAME P.O. BOX 895837 STREET ADDRESS STREET ADORESS CITY-ST-ZIP LEESBURG, FL 34789 CITY-ST-ZIP ☐ Delete TITLE Director New NEW MORRIS - · NAME\* NAME Marcia 509 Sherwood - Drive -STREET ADDRESS **509 SHERWOOD DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROLLA, MO 65401** R-11a, Mo 45401 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

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**FILED** 

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