2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# 820222

Entity Name: CHURCH EXTENSION OF THE CHURCH OF GOD, INC.

Current Principal Place of Business:

1812 UNIVERSITY BLVD
ANDERSON, IN 46012

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2069
ANDERSON, IN 46018

New Mailing Address:

FEI Number: 35-0869027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BENTLEY, BARRY	
Address:	1812 UNIVERSITY BLVD	
City-St-Zip:	ANDERSON, IN 46012	
Title:	S	( ) Delete
Name:	HANCOCK, W. ALLEN	
Address:	1812 UNIVERSITY BLVD	
City-St-Zip:	ANDERSON, IN 46012	
Title:	C	( ) Delete
Name:	JOHNSON, FRANK	
Address:	6100 WEST MAPLE	
City-St-Zip:	WICHITA, KS 67209	
Title:	D	( ) Delete
Name:	JONES, WILLIAM DR.	
Address:	4212 ALPHA STREET	
City-St-Zip:	LANSING, MI 48910	
Title:	D	( ) Delete
Name:	HAMILTON, BRUCE REV.	
Address:	P.O. BOX 895837	
City-St-Zip:	LEESBURG, FL 34789	
Title:	D	( ) Delete
Name:	NEW, MARCIA	
Address:	509 SHERWOOD DRIVE	
City-St-Zip:	ROLLA, MO 65401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ALLEN HANCOCK S 04/27/2006

Electronic Signature of Signing Officer or Director — Date