## FILE NOW: FILING FEE IS \$61.25



COF ANNU	ONPROFIT RPORATION JAL REPOR 1998	(Calabara 1 )	FLORIDA DEPART  Sandra B.  Secretary  DIVISION OF CO	Mortham of State	Mar 11 1998 8:00am Secretary of State
	MENT #	83058	` '		
CHURCH OF GOD IN CHRIST, INC.					
Principal Place	e of Business		Mailing Address		i ranier enten tritte tritte saiet ekint herbe tritt niet niet niet biet arteit niet niet niet niet niet niet i
STEPACH CINCEL- MICHIPARK FL 88825			J.L. HULEN 27 PALM CIRCLE AVON PARK FL 33825		3. Date Incorporated or Qualified 04/27/1973
					4. FEI Number Applied For 62-1242019 Not Applicable
	lace of Business		2a. Mailing Address		CO 75 Addison-1
21 3/20	N.W. 4	8B Tert.	26		Fee Required
Suite, Apt.	W, OIC.		Suite, Ap1. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State			City & State		7. Is this nonprofit corporation a homeowners association?
23 Mia	mi F		28	Country	Yes PNo
Zip 24 33/4	2 25	Country	Zip 29 3	Country	8. This corporation owes or has pald the current year totangible Personal Property Tax due June 30. Yes No
			nt Registered Agent		10. Name and Address of New Registered Agent
81 Name Jacob Cohen					
HULEN,	all BISHOP			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
27744 CIRCLE - 3120					120 W. 112- Tellace
ALLIN-U	**************************************	<del></del>		84 City	lat 7n Code
				1 1	Miami FL 85 Zip Code 33742
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes.					orporation submits this statement for the purpose of changing its registered tration's board of directors. Libereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes.  Signature. Signature, typod or profiled name of registered agent and title if applicable (nyOTE: Registered Agent signature required when reinstaling)  DATE					
	Signature, typed or pr			Registered Agent signature re-	
12.	PD	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition
NAME	OWENS, C	D BISHOP	E beer it	1.2 NAME	E Supride
STREET ADORESS		MAIN STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS 1	N 38101		1.4 CITY-ST-ZIP	
TITLE	DV		DELETE	2.1 TITLE	L Change L Addition
NAME Street Address		I, C L BISHOP I MAIN STREET		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS 1			2.4 CITY-ST-ZIP	
TITLE	SD		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		I, W W BISHOP		3.2 NAME	
STREET ADDRESS	2/2 SOUTH	I MAIN STREET		3.3 STREET ADDRESS	
CATY-ST-ZIP TITLE	DV	11 30103	DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
NAME	HAYNES, N	I J BISHOP		4. 2 NAME	<b>,</b>
STREET ADDRESS	272 SO. M/			4.3 STREET ADDRESS	į
CITY-ST-ZIP	MEMPHIS 1	N 38101	T DELETE	4.4 CITY - ST - ZIP	T Change T L Addition
TITLE	D COMEN IA	COB BISHOP	☐ DELETE	5.1 TITLE	Change Addition
NAME STREET ADDRESS		48TH TERRACE		5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 3			5.4 CITY-ST-ZIP	
TITLE	D\$		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, FRA			6.2 NAME	
STREET ADDRESS		MAIN STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	<u>MEMPHIS 1</u>	N 38101		6.4 CITY - ST-ZIP	

14. 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 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 Shapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

Bishop Jacob Cohen, Directo

**FILED**