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NONPROFIT
CORPORATION
ANNUAL REPORT
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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

								02-18-1999 900)08 043 ****/0.0)0	
	CUM poration N	ENT # 830583									
	•	OF GOD IN CHRIST, INC.						1			
(Mailing Add		<u>.</u>						
		of Business	•						ENGLISHE III ERRI (MANA DITEN BIRNI ANAG	
3120 N.W. ATH TERR MIAMI FL 33142 US			J.L. HULEN 27 PALM CIRCLE AVON PARK FL 33825								
2. Prir	ncipal Pla	ce of Business	2a. Mailing	Address				3. Date Incorporated or 0	Qualifed	,	
21			26					04/27/1973		LARE	lied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number 62-1242019			Applicable
			27			02-1242019		\$8,75 A			
	y & State		City &	State				5. Certificate of Status D	esired 1	Fee Rec	
23		Country	28 Zip		Cou	untry		6. Election Campaign Fi	nancing	\$5.00	May Be
Zip	י		29		30	-		Trust Fund Contributi	on	Added to	Fees
24		9. Name and Address of Currer		gent	100			10. Name and Address	of New Register	ad Agent	
		9. Name and Address of Currer	it itogistorous		,	81	Name		,		
CO	HEN, JA	COR				82	Street Addr	ress (P.O. Box Number is No	t Acceptable)		
312	20 N.W.	48TH TERR				83	<u>.</u>		<u> </u>		
MIAMI FL 33142						83					
							City		F	85 Zip C	
L		the provisions of Sections 617.050	20 4 647 4500	Elorida Statu	ites the a	above-	named com	poration submits this stateme	-t for the purpose	of changing its	registered
11. P	Pursuant to	gistered get or both, in the State	of Florida, Such	change was a	authorize	d by th	ne corporati	poration submits this stateme ion's board of directors. I han	eby accept the ap	pointment as rec	Jistereu
а	egent. I an	gistered aget and accept the obliga	mines a occino	7 (J.0505, FIC	olida Stat	TZ	LAR	COHEN			
SIGN	ATURE	Ignature: wear or printed name of region and age		-(NOT	E. Registered	d Agent	signature require	ed when reinstating)	DATE		
12.	— <i>f</i>		ND DIRECTORS		13.			ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	· 	PD		DELETE	1.1 T	TITLE		**		☐ Change	☐ Addition
NAME		OWENS, C D BISHOP			1.2 N	MAME					
1		272 SOUTH MAIN STREET				V-UNIC					1
	i	MEMPHIS TN 38101			1.3 S		ADDRESS				
CITY-S					- 8	STREET	3				
1	1			DELETE	1.4 0		3			☐ Change	Addition
NAME	- 1	DV		DELETE	1.4 C	STREET /	3			☐ Change	☐ Addition
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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 resource of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address, with all other like empowered.

SIGNATURE: X CALLED COMEN DATE SIGNATURE: X CALLED COMEN DATE SIGNATURE SIGN

Daytime Phone #

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