2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 830583

Entity Name: CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

3120 N.W. 48TH TERR
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

J.L. HULEN
27 PALM CIRCLE
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 62-1242019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JACOB
3120 N.W. 48TH TERR
MIAMI, FL 33142 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:	PD	( ) Delete
Name:	BLAKE, CHARLES BISHOP	
Address:	930 MASON STREET	
City-St-Zip:	MEMPHIS, TN 381265219	
Title:	DV	( ) Delete
Name:	BROOKS, PA BISHOP	
Address:	930 MASON STREET	
City-St-Zip:	MEMPHIS, TN 381265219	
Title:	SD	( ) Delete
Name:	LYLES, JOEL H BISHOP	
Address:	930 MASON STREET	
City-St-Zip:	MEMPHIS, TN 381265219	
Title:	DV	( ) Delete
Name:	HAYNES, N J BISHOP	
Address:	930 MASON STREET	
City-St-Zip:	MEMPHIS, TN 381265219	
Title:	D	( ) Delete
Name:	COHEN, JACOB BISHOP	
Address:	3120 N.W. 48TH TERRACE	
City-St-Zip:	MIAMI, FL 33142	
Title:	DS	( ) Delete
Name:	WHITE, FRANK	
Address:	930 MASON STREET	
City-St-Zip:	MEMPHIS, TN 381265219	

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 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: JACOB COHEN D 04/02/2009

Electronic Signature of Signing Officer or Director — Date