## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## F93000002180 (8) DOCUMENT #

GLOBAI	. CHURCH	OF GOD, INC.										
Principal Place	of Business	Mailin	Mailing Address				. ,	+ 148-168 1110 1818 11111 WOLL BEILL A	91/1 <b># #   11   11   11   1</b>	** *****	(B)(0 BB)( 1887	
16935 W. BERNARDO DR. SUITE 200				16935 W. BERNARDO DR. SUITE 200								
SAN DIEGO C	A 92127-1634	SAN	SAN DIEGO CA 92127-1634					3. Date Incorporated or Qualified 05/11/1993		te of Last I 03/23/19		
2. Principal Pla	ce of Business	2a. M. 26	2a. Mailing Address 26					4. FEI Number 95-4400667			pplied For lot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additiona! Required		
City & State		1	City & State					6. Election Campaign Financing			May Be	
Zip Country			28	Zip Count					Trust Fund Contribution			to Fees
Zip 24	25		h1	29 30		Country	20una y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
241		nd Address of Curren		ed Agent	1001				10. Name and Address of New Re			
		<u>.</u>	<u>-</u>			81	Na	me				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD							Str	eet Addre	ress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324						83						
						84	Cit	у		FL	85 Zip	Code
or registen familiar wit	o the provision ed agent, or bo h, and accept	s of Sections 617.0502 oth, in the State of Florio the obligations of, Sect	and 617.1 da. Such cl ion 617.050	508, Florida Statut nange was authoriz 03, Florida Statutes	tes, the zed by 1 s.	above-r the corp	name	d corpora on's board	tion submits this statement for the purp d of directors. I hereby accept the appo	ose of cha ntment as	anging its r registered	egistered office agent. I am
SIGNATURE _	Signature, typed or	printed name of registered agent	and title if appli	isable. (N	OTE: Regis	stered Agen	nt signa	ture required	when reinstating)	DATE		
12.		OFFICERS AN	D DIRECTO			13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PCD			DELETE	- 1	1.1 TITLE					Change	Addition
NAME MEREDITH, RODERICK C							1.2 NAME					,
STREET ADDRESS 16935 W. BERNARDO DR., SI			ITE 200 1.3			1.3 STREET ADDRESS		ESS				
CITY-ST-ZIP		GO CA 92127-1634		There are		1.4 CITY-S	ST - ZIP				Change	Addition
TALE	D DAVIS DA	ONALD E		DOELETE		21 TITLE		Í			□ Criange	
1	NAME DAVIS, DONALD E STREET ADDRESS 16935 W. BERNARDO DR., SU			The state of the s			2.2 NAME 2.3 STREET ADDRESS					
CAN DIECO CA 00107 1004						2.3 STREET ADDRESS						
CITY-ST-ZIP	VD VEC	10 ON 86161-1004		DELETE		2. 4 CHY-:	51-ZI	<u> </u>			Change	Addition
NAME		RAYMOND F		- Otto	1	3.2 NAME					- 0 '	_
STREET ADDRESS 16935 W. BERNARDO DR., SUITE 200						3.3 STREET ADDRESS						
CITY-ST-ZIP		O CA 92127-1634				3.4. CITY-1		1				
TITLE	D			DELETE		4.1 TITLE				<del> </del>	Change	☐ Addition
NAME	MEREDIT	h, shyrel a				4. 2 NAME		]				
STREET ADDRESS		BERNARDO DR., S	UITE 200	1		4.3 STREET	T ADDE	RESS				
CITY-ST-ZIP	SAN DIEC	30 CA 92127-1634				4.4 C(TY - S	ST-ZIP					·
TITLE	VĎ			DELETE		5.1 TITLE					Change	☐ Addition
NAME	MCNAIR,					5.2 NAME						
STREET ADDRESS		BERNARDO DR., S	UITE 200	ł	1	5.3 STREET	T ADDE	RESS				
CITY-ST-ZIP		GO CA 92127-1634				54 CiTY-5	ST-ZIF	·			<u> </u>	Tall Addition
TITLE	STD	oor (		DELETE		61 TITLE					Change	Addition
NAME	EDWIN, F				ŀ	6.2 NAME						
STREET ADDRESS		. Bernardo dr., s	UHE 200	•		6.3 STREE		- 1				
CITY ST. 7IP	SAN DIE	GO CA 92127-1634				6.4 CITY - !	ST-ZIF	·				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Date

Date

Determine Type On PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Determine Type On PRINTED NAME OF SIGNING OFFICER ON DIRECTOR