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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000002180 (8)**

1. Corporation Name

GLOBAL CHURCH OF GOD, INC.

Principal Place of Business

**16935 W. BERNARDO DR.
SUITE 200
SAN DIEGO CA 92127-1634**

Mailing Address

**16935 W. BERNARDO DR.
SUITE 200
SAN DIEGO CA 92127-1634**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

05/11/1993

4. FEI Number

95-4400667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MEREDITH, RODERICK C	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALVER, LARRY R	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200	
CITY-ST-ZIP	SAN DIEGO CA	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCNAIR, RAYMOND F	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEREDITH, SHYREL A	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCNAIR, CARL E	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	EDWIN, POPE J	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-1998 (619)675-2222
Date Signature Phone # 0079018

CR2E037 (10/97)