

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90025 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000002180					
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		

6 609086 90011 14 6



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/11/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-4400667	
24 Country		29 Country		5. Certificate of Status Desired	
				☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution	
				☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name Walter Marvin Redmon 82 Street Address (P.O. Box Number is Not Acceptable) R.R. 1 Box 2845 K-2 83 84 City Havana FL 85 Zip Code 32333			

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Walter Marvin Redmon Walter Marvin Redmon 8/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☒ DELETE	1.1 TITLE	President, CD	☒ Change ☐ Addition
NAME	MEREDITH, RODERICK C		1.2 NAME	Larry R. Salyer	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200		1.3 STREET ADDRESS	16935 W. Bernardo Dr., Suite 111	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634		1.4 CITY-ST-ZIP	San Diego, CA. 92127-1634	
TITLE	D	☒ DELETE	2.1 TITLE	Chairman of Board, D	☒ Change ☐ Addition
NAME	SALVER, LARRY R		2.2 NAME	Raymond F. McNair	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200		2.3 STREET ADDRESS	16935 W. Bernardo Dr., Suite 111	
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP	San Diego, CA. 92127-1634	
TITLE	VD	☒ DELETE	3.1 TITLE	CFO, TD	☒ Change ☐ Addition
NAME	MCAIR, RAYMOND F		3.2 NAME	J. Edwin Pope	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200		3.3 STREET ADDRESS	16935 W. Bernardo Dr., Suite 111	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634		3.4 CITY-ST-ZIP	San Diego, CA. 92127-1634	
TITLE	D	☒ DELETE	4.1 TITLE	Secretary, D	☒ Change ☐ Addition
NAME	MEREDITH, SHYREL A		4.2 NAME	Norbert Link	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200		4.3 STREET ADDRESS	16935 W. Bernardo Dr., Suite 111	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634		4.4 CITY-ST-ZIP	San Diego, CA. 92127-1634	
TITLE	VD	☒ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	MCAIR, CARL E		5.2 NAME	Rex Sexton	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200		5.3 STREET ADDRESS	16935 W. Bernardo Dr., Suite 111	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634		5.4 CITY-ST-ZIP	San Diego, CA. 92127-1634	
TITLE	STD	☒ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	EDWIN, POPE J		6.2 NAME	Warren Zehrung	
STREET ADDRESS	16935 W. BERNARDO DR., SUITE 200		6.3 STREET ADDRESS	16935 W. Bernardo Dr., Suite 111	
CITY-ST-ZIP	SAN DIEGO CA 92127-1634		6.4 CITY-ST-ZIP	San Diego, CA. 92127-1634	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

858-675-2222 Ex. 253

CR2E037 (5/99)