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Apr 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004434

1. Corporation Name
CHURCH OF GOD, AN INTERNATIONAL COMMUNITY, INC.

Principal Place of Business P.O. BOX 150 MONROVIA CA 91017	Mailing Address P.O. BOX 150 MONROVIA CA 91017
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2. Principal Place of Business 21 476 S. Marengo Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 90607 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/04/1998
22	27	4. FEI Number 33-0798049 Applied For Not Applicable
23 Pasadena, CA City & State	28 Pasadena, CA City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 91101-3129 25 U.S.A. Zip Country	29 91109-0607 30 U.S.A. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PAGE, LEE 16409 BEARLE RD. ORLANDO FL 32828-5408	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
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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 _____ DATE _____
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULME, DAVID	1.2 NAME	
STREET ADDRESS	904 N FIRST AVE., UNIT D	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA CA	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, STEVEN D	2.2 NAME	
STREET ADDRESS	24706 CLARINGTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN	3.2 NAME	
STREET ADDRESS	288 ELKHORN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUARTE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORCHARD, BRIAN	4.2 NAME	
STREET ADDRESS	537 SHARON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPP, EDWIN	5.2 NAME	
STREET ADDRESS	888 WESTCHESTER ROAD	5.3 STREET ADDRESS	2586 Starcrest Dr.
CITY-ST-ZIP	COVINA CA	5.4 CITY-ST-ZIP	Duarte, CA 91010
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDGE, TED	6.2 NAME	Peter Nathan
STREET ADDRESS	1430 VALLEY VIEW AVE	6.3 STREET ADDRESS	48 Speen Lane
CITY-ST-ZIP	PASADENA CA	6.4 CITY-ST-ZIP	Newbury, Berks, RG14 1RN U.K.

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: Steven D. Andrews **SIGNATURE REQUIRED** 3/27/99 (626) 303-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)