

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004434

1. Entity Name

CHURCH OF GOD, AN INTERNATIONAL COMMUNITY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90118 008 ****61.25

Principal Place of Business	Mailing Address
476 S. MARENGO AVENUE PASADENA CA 91101-3129 US	P O BOX 90607 PASADENA CA 91109-0607 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
33-0798049		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAGE, LEE 16409 BEARLE RD. ORLANDO FL 32828-5408		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HULME, DAVID 904 N FIRST AVE., UNIT D ARCADIA CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 740 Chester Avenue San Marino, CA 91108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDREWS, STEVEN D 24706 CLARINGTON LAGUNA HILLS CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN 288 ELKHORN DRIVE DUARTE CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORCHARD, BRIAN 537 SHARON ROAD ARCADIA CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 Elkhorn Drive Duarte, CA 91010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPP, EDWIN 2586 STARCREST DRIVE DUARTE CA 91010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDGE, TED 1430 VALLEY VIEW AVE PASADENA CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Peter Nathan 3 Collaroy Glen Cold Ash, NEWBURY RG18 9PZ UK

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required Steven D. Andrews Secretary 1/12/2000 (626)535-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)