2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007709

City-St-Zip:

FORT PIERCE, FL 34982

Entity Name: CHURCH OF GOD AND CHRIST, INC.

FILED Apr 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 311 N. 25TH ST. FORT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 1102 YORK AVENUE FORT PIERCE, FL 34982 FEI Number: 56-2357002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAURIL, OSMI 1102 YORK AVENUE FORT PIERCE, FL 34982 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAURIL, OSMI Name: Name: 1102 YORK AVENUE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: VALSAINT, LANAISE Name: VALSAINT, LANAISE Address: 162 SW DALVA AVENUE Address: 4708 PALMETTO DRIVE City-St-Zip: PORT ST LUCIE, FL 34984 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition ALEXIES, MONEL Name: Name: 1505 HAVANA AVENUE Address: Address: City-St-Zip: FORT PIERCE, FL 34952 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GLEZIL, EXAMINE Name: Address: 306 NORTH 18TH STREET Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: Title: Title: () Delete () Change () Addition CHARLESTINE, LEMAIRE Name: Name: 2801 OLEANDER BLVD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LANAISE VALSAINT D 04/18/2004