2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N05000000266

Entity Name: TREASURE CITY CHURCH OF GOD INC.

Current Principal Place of Business:

10941 WINGATE RD
HSE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10941 WINGATE RD
HSE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 80-0099059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, RENE JR.
10941 WINGATE RD
HSE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

Title:	VP	(X) Delete
Name:	RIES, CHARLES JR.	
Address:	3652 LYDIA ESTATES TERR	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	VP	( ) Delete
Name:	CALBERT, YOLANDA	
Address:	1800 EDGEWOOD AVE W	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	T	( ) Delete
Name:	EVANS, JOANN	
Address:	10941 WINGATE RD	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	T	( ) Delete
Name:	CRAWFORD `, LES	
Address:	86055 MEADOW BROOKE LANE	
City-St-Zip:	YULEE, FL 32097	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: LESTER L. CRAWFORD T 03/12/2008

Electronic Signature of Signing Officer or Director — Date