FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001536536
-07/13/95--01015--019
*****~~155.00~~ *****68.75
~~68.75~~

DO NOT WRITE IN THIS SPACE

DOCUMENT # N06050 (1)

1. Corporation Name
SUPERNATURAL CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
2401 SCHALL RD. WEST PALM BEACH FL 33417	4715 MYRTLE LANE WEST PALM BEACH FL 33417 US

3. Date Incorporated or Qualified: 10/08/1984
3a. Date of Last Report: 09/14/1994
4. FEI Number: 65-0031700 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIXON, EMMITT JR. 4715 MYRTLE LANE WEST PALM BEACH FL 33417	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE EMMITT DIXON, JR. MAY 23, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, EMMITT	1.2 NAME	600001536536
STREET ADDRESS	4715 MYRTLE LANE	1.3 STREET ADDRESS	-07/13/95--01015--020
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, ANNIE BELL	2.2 NAME	600001536536
STREET ADDRESS	4715 MYRTLE LANE	2.3 STREET ADDRESS	-07/13/95--01015--021
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	*****25.00 *****25.00
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, ANNIE BELL	3.2 NAME	
STREET ADDRESS	1992 W 16TH CT APT D	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, LORRAINE	4.2 NAME	
STREET ADDRESS	900 BOOKER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	REINSTATED BY MAY DLC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Annie B. Dixon ANNIE B. DIXON MAY 23, 1995 407 697-9976
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0048870