2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90019 033 ****61.25

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1. Entity Name CHURCH OF GOD CANTONMENT, INC.



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Principal Place of Business 1320 PHALROSE LANE 1320 PHALROSE LANE CANTONMENT, FL 32533 Mailing Address 1320 PHALROSE LANE CANTONMENT, FL 32533				400		(1) 					
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.			04102008	Chg-NP	CR2E03	7 (12/06)						
City & State	City & State City & State			4. FEI Numbe	-17495	84		plied For t Applicable				
Zip	Country	Zíp 		Country			of Status Desired		\$8.75 Addi Fee Required			
	6. Name and Address of Curren	t Registered /	Agent	1		7. Name and	Address of New I	Registered A	Agent			
DANIEL, GLENNIE M.			Name									
1320 PHALROSE LANE CANTONMENT, FL 32533			Street Address		s (P.O. Box Number is Not Acceptable)							
	.	1			0	<u> </u>			1 0			
					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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if a spicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 9. Election Campain Due by May 1, 2008 Trust Fund Contr				\$5.00 May B Added to Fees	G 1		payable to					
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CH/	ANGES TO OFFICE	R\$ AND DI	RECTORS IN	10		
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition		
NAME	DANIEL, GLENNIE M.		L Delete	NAME	I .				□ onlingo			
STREET ADDRESS	1320 PHALROSE LANE				ET ADDRESS							
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CITY -ST-ZIP				CITY	-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glennie M. Danie

4-11-0

850 937-0260 Daytime Phone #