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FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N12223 (6)  
1. Corporation Name  
THE CHURCH OF GOD EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O JOHN W. COLLINS C/O JOHN W. COLLINS  
2842 ELIZABETH PLACE 2842 ELIZABETH PLACE  
LAKELAND FL 33813 LAKELAND FL 33813-4023

2. Principal Place of Business 2a. Mailing Address  
21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

3. Date Incorporated or Qualified 10/29/1985 3a. Date of Last Report 04/19/1996  
4. FEI Number 59-2655873 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
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

COLLINS, JOHN W.  
2842 ELIZABETH PLACE  
LAKELAND FL 33813

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PCD ☐ DELETE  
NAME COLLINS, JOHN W.  
STREET ADDRESS 2842 ELIZABETH PL.  
CITY-ST-ZIP LAKELAND FL  
TITLE VD ☐ DELETE  
NAME KELLY, HAROLD REV.  
STREET ADDRESS P.O. BOX 8 N/A  
CITY-ST-ZIP WEST BEND KY 40388  
TITLE TD ☐ DELETE  
NAME COLLINS, BARBARA L  
STREET ADDRESS 2842 ELIZABETH PLACE  
CITY-ST-ZIP LAKELAND FL  
TITLE D ☐ DELETE  
NAME DEVOLL, DAVID REV.  
STREET ADDRESS 6501 GERMANTOWN RD. NO 377  
CITY-ST-ZIP MIDDLETOWN OH 45042  
TITLE D ☐ DELETE  
NAME NIPP, JAMES  
STREET ADDRESS PO BOX 430 N/A  
CITY-ST-ZIP SPICELAND IN 47385  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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

*[Signature]*

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CR2E037 (9/96)