

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12886

FILED  
Jun 30, 2006  
Secretary of State

**Entity Name:** CHURCH OF GOD IN CHRIST, JURISDICTION SOUTHWESTERN FLORIDA, INC.

**Current Principal Place of Business:**

2313 E 27TH AVENUE  
TAMPA, FL 33605 US

**New Principal Place of Business:**

**Current Mailing Address:**

239-39TH ST. SO.  
SAINT PETERSBURG, FL 33711 US

**New Mailing Address:**

P. O. BOX 310999  
TAMPA, FL 33680 US

**FEI Number:** 59-2564557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WATKINS, GLORIA  
239-39TH ST SO  
SAINT PETERSBURG, FL 33711 US

**Name and Address of New Registered Agent:**

SAVAGE, MICHAEL  
1536 GARDNER DRIVE  
LUTZ, FL 33549 US

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: MICHAEL SAVAGE

06/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, MATTHEW  
Address: 1516 DUMONT DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete  
Name: FOWLER, WILLIE  
Address: 3762 MURRAY DALE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: SAVAGE, MICHAEL  
Address: 1536 GARDNER DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: MD (X) Delete  
Name: WATKINS, GLORIA  
Address: 239 39TH STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33711

Title: SD ( ) Delete  
Name: GAYLORD, WILLIAM E  
Address: 2664 24TH STREET  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, MATTHEW  
Address: 5517 KEELER OAK STREET  
City-St-Zip: LITHIA, FL 33547

Title: T (X) Change ( ) Addition  
Name: FOWLER, WILLIE  
Address: 1416 HOLLEMAN DRIVE  
City-St-Zip: VALRICO, FL 33594

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 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: MICHAEL SAVAGE

D

06/30/2006

Electronic Signature of Signing Officer or Director

Date