FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

1-2

DOCUMENT # N20452 (1)

1. Corporation Name
THE CHURCH OF THE KINGDOM OF GOD, INC.

Principal Place of Business
245 WEST ATWATER AVE.
P.O. BOX 577
EUSTIS FL 32727-7577

Mailing Address
P.O. BOX 577
245 WEST ATWATER AVENUE
EUSTIS FL 32727-0577
US

3. Date Incorporated or Qualified: 05/04/1987
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-3202469 — 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
JACKSON, ALVIN B., JR.
P O BOX 124
211 WEST ATWATER AVE
EUSTIS, FL 32727

10. Name and Address of New Registered Agent
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

TITLE	T	☒ DELETE
NAME	GASKIN, ALEXANDER	
STREET ADDRESS	2632 FARLEY ST.	
CITY-ST-ZIP	EAST POINT GA	
TITLE	D	☐ DELETE
NAME	BRYANT, WILLIAM	
STREET ADDRESS	1604 ELVA ST	
CITY-ST-ZIP	ALBANY GA 31705	
TITLE	D	☐ DELETE
NAME	LAVAN, DANIEL S	
STREET ADDRESS	840 WHITFIELD ST	
CITY-ST-ZIP	MULBERRY FL	
TITLE	S	☒ DELETE
NAME	MEEK, RUTH	
STREET ADDRESS	245 W ATWATER AVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Willie Palmer	
1.3 STREET ADDRESS	3241 N.W. 208th Ter	
1.4 CITY-ST-ZIP	Opa-Locka, Fl 33056	
2.1 TITLE	Bishop/overseer (Chairman)	☒ Change ☐ Addition
2.2 NAME	William Bryant, JR	
2.3 STREET ADDRESS	1604 ELVA ST	
2.4 CITY-ST-ZIP	Albany, Ga 31705	
3.1 TITLE	400001893754	☐ Change ☐ Addition
3.2 NAME	-07/16/96--01014--~~[illegible]~~ 005	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	***61.25	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Mariah Evans	
4.3 STREET ADDRESS	6105 NE 39th Blvd	
4.4 CITY-ST-ZIP	Gainesville, Fl 32607	
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	Paul Strawn	
5.3 STREET ADDRESS	1480 Kathleen Road	
5.4 CITY-ST-ZIP	Lakeland, Fl 33805	
6.1 TITLE	Director	☐ Change ☒ Addition
6.2 NAME	Enoch Toomer	
6.3 STREET ADDRESS	P.O. Box 641 N/A	
6.4 CITY-ST-ZIP	Albany, Ga 31705	

7-15-96

CR2E037 (12/95)

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)(k), 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: _____ ALVIN B JACKSON, JR. 6/10/96 (352) 343-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N20452 2-2

12. DECTOR
Alwin B. Jackson, Jr.
P.O. Box 124 211 West Atwater AVE
Eustis, Fl 32727