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Jul 25 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 # **N20452**  
1. Corporation Name  
**The Church Of The Kingdom Of God, Inc**

Principal Place of Business Mailing Address  
**245 West Atwater Ave. P.O. Box 577  
Eustis, Florida Eustis, Florida  
32727-0577**

|                                |    |                     |    |                                       |    |                          |    |   |    |
|--------------------------------|----|---------------------|----|---------------------------------------|----|--------------------------|----|---|----|
| 21                             | 22 | 23                  | 24 | 25                                    | 26 | 27                       | 28 | 29  | 30 |
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 4. FEI Number                         |    | 3a. Date of Last Report  |    | Applied For   |    |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | <b>59-3202469</b>                     |    | <b>5-4-87</b>            |    | <b>1996</b>   |    |
| City & State                   |    | City & State        |    | 5. Certificate of Status Desired      |    | Trust Fund Contribution  |    | Not Applicable  |    |
| Zip                            |    | Country             |    | <input checked="" type="checkbox"/> X |    | <input type="checkbox"/> |    | <b>\$8.75 Additional Fee Required</b>   |    |
| 23                             |    | 28                  |    | 6. Election Campaign Financing        |    | Trust Fund Contribution  |    | <b>\$5.00 May Be Added to Fees</b>  |    |
| 24                             |    | 25                  |    | 29                                    |    | 30                       |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |    |
|                                |    |                     |    |                                       |    |                          |    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |    |

9. Name and Address of Current Registered Agent

**Alvin B. Jackson, Jr.  
211 West Atwater Ave.  
P.O. Box 124  
Eustis, Fla. 32727-0124**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

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: **Board Of Elders** (NOTE: Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>Board Member - Chairman</b> <input type="checkbox"/> DELETE                | 11 TITLE  | <b>Secretary Of Board</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| NAME                       | <b>Precious M. Evans</b> <input type="checkbox"/> DELETE                      | 12 NAME   | <b>Willie Enoch Toomer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| STREET ADDRESS             | <b>6105 N.E. 39th Street</b> <input type="checkbox"/> DELETE                  | 13 STREET ADDRESS                                     | <b>P.O. Box 641</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| CITY-ST-ZIP                | <b>Gainesville, Fl 32607</b> <input type="checkbox"/> DELETE                  | 14 CITY-ST-ZIP  | <b>Albany, Ga. 31705</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE                      | <b>Board Member</b> <input type="checkbox"/> DELETE                           | 21 TITLE  | <b>Board Member</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| NAME                       | <b>Alvin B. Jackson, Jr.</b> <input type="checkbox"/> DELETE                  | 22 NAME   | <b>Sharon Jackson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| STREET ADDRESS             | <b>211 W. Atwater Ave.</b> <input type="checkbox"/> DELETE                    | 23 STREET ADDRESS                                     | <b>2409 M.L. King, Jr. Drive</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP                | <b>Eustis, Fl 32727-0124</b> <input type="checkbox"/> DELETE                  | 24 CITY-ST-ZIP  | <b>Albany, Ga. 31701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE                      | <b>Board Member</b> <input type="checkbox"/> DELETE                           | 31 TITLE  | <b>General Finance Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>Paul Strawn</b> <input type="checkbox"/> DELETE                            | 32 NAME   | <b>Ruth Bryant</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| STREET ADDRESS             | <b>1480 Kathleen Road</b> <input type="checkbox"/> DELETE                     | 33 STREET ADDRESS                                     | <b>600 S. E. 14th Street</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| CITY-ST-ZIP                | <b>Lakeland, Fla. 34054</b> <input type="checkbox"/> DELETE                   | 34 CITY-ST-ZIP  | <b>Gainesville, Fla. 32602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE                      | <b>Board Member</b> <input type="checkbox"/> DELETE                           | 41 TITLE  | <b>Essie L. Briggs</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME                       | <b>Willie Palmer</b> <input type="checkbox"/> DELETE                          | 42 NAME   | <b>1681 N.W. 15th Street</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| STREET ADDRESS             | <b>3241 N.W. 208th Terr.</b> <input type="checkbox"/> DELETE                  | 43 STREET ADDRESS                                     | <b>Opa-Locka, Fl 33054</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| CITY-ST-ZIP                | <b>Opa Locka, Fla. 33054</b> <input type="checkbox"/> DELETE                  | 44 CITY-ST-ZIP  |   |
| TITLE                      | <b>Bishop William H. Bryant</b> <input checked="" type="checkbox"/> DELETE    | 51 TITLE  |   |
| NAME                       | <b>1604 Elva Street (Deceased)</b> <input checked="" type="checkbox"/> DELETE | 52 NAME   |   |
| STREET ADDRESS             | <b>Albany, Ga. 31705</b> <input checked="" type="checkbox"/> DELETE           | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 54 CITY-ST-ZIP  |   |
|                            |   | 61 TITLE  |   |
|                            |   | 62 NAME   | <b>400002256574 PE</b>  |
|                            |   | 63 STREET ADDRESS                                     | <b>-08/04/97--01033--022</b>  |
|                            |   | 64 CITY-ST-ZIP  | <b>***70.00</b>   |

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: **Alvin B. Jackson, Jr. Board Member** 352-357-6668

CR2E037 (9/96)