


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20452 (1)
 1. Corporation Name
THE CHURCH OF THE KINGDOM OF GOD, INC.



Principal Place of Business 245 WEST ATWATER AVE. EUSTIS FL 32727-7577	Mailing Address P.O. BOX 577 245 WEST ATWATER AVENUE EUSTIS FL 32727-0577 US
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3. Date Incorporated or Qualified 05/04/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3202469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, WILLIE	1.2 NAME	
STREET ADDRESS	3241 NW 208TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCK FL 33056	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, ESSIE L	2.2 NAME	
STREET ADDRESS	1681 N.W. 155TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVAN, PAUL	3.2 NAME	
STREET ADDRESS	840 WHITFIELD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, PRECIOUS M	4.2 NAME	
STREET ADDRESS	6105 NE 39TH BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, PAUL	5.2 NAME	
STREET ADDRESS	1480 KATHLEEN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMER, ENOCH	6.2 NAME	
STREET ADDRESS	PO BOX 641 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31705	6.4 CITY-ST-ZIP	

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14. I 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: _____ **1/17/98**

CP2E037 (10/97)