


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22976

1. Corporation Name

THE FAMILY OF GOD INC.

Principal Place of Business

Mailing Address

1530 LONGBAY ROAD
MIDDLEBURG FL 32068
US

P O BOX 854
MIDDLEBURG FL 32050-0854
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 924 N. Magnolia Ave.	09/21/1987
22 City & State	27 Suite 250	4. FEI Number
23 Zip	28 Orlando, FL	59-2847199
24 Country	29 32803	Applied For
	30 Orange	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAILEY, THOMAS L
7201 COTTONWOOD CT.
MIDDLEBURG FL 32068

81 Name	M. Douglas Borko
82 Street Address (P.O. Box Number is Not Acceptable)	924 N. Magnolia Ave.
83 Suite	Suite 250
84 City	Orlando
85 Zip Code	FL 32803

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

M. Douglas Borko
Signature, typed or printed name of registered agent and title if applicable.

M.. Douglas Borko

4/5/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, JOHN	1.2 NAME	Feldman, Judy
STREET ADDRESS	42 BLUEBELL RD	1.3 STREET ADDRESS	13085 Ortega Lane
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	North Miami, FL 33157
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, THOMAS L.	2.2 NAME	Bizer, Paul
STREET ADDRESS	7201 COTTONWOOD CT	2.3 STREET ADDRESS	200- 24th Avenue
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785-3099
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, JUDY	3.2 NAME	Klossner, William
STREET ADDRESS	468 TAYLOR AVE	3.3 STREET ADDRESS	1201 Aqui Esta
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, BETTY	4.2 NAME	
STREET ADDRESS	4244 CHOKEBERRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, DARLENE	5.2 NAME	
STREET ADDRESS	466 ARTHUR MOORE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

M. Douglas Borko SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99 407-835-7501

CR3E037 (11/98)