FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32735 (5)

1. Corporation Name
SOUTH BRANDON COMMUNITY CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
~~C/O DR N EDWARD ROSS~~ 3221 S BRYAN RD BRANDON FL 33509 US	~~C/O DR N EDWARD ROSS~~ 3221 S BRYAN RD BRANSON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0127765 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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

ROSS, N. EDWARD
1332 MONTE LAKE DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: Betty R. Luckett
82 Street Address (P.O. Box Number is Not Acceptable): ~~1332~~ 4145 Paul Briar Dr
83
84 City: Valrico FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Betty R. Luckett — Betty R. Luckett — 3-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	~~ROSS, N. EDWARD~~ Knight, John C.	1.2 NAME	Knight, John C
STREET ADDRESS	~~1332 MONTE LAKE DR~~ 1808 Medford Ln	1.3 STREET ADDRESS	1808 Medford Ln
CITY-ST-ZIP	~~VALRICO FL~~ Brandon, FL 33511	1.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	~~SCARCELLI, FRED~~ William E Byer	2.2 NAME	Byer, William E
STREET ADDRESS	~~9504 STARLITE DR~~ 1227 Big Pine Dr	2.3 STREET ADDRESS	1227 Big Pine Dr
CITY-ST-ZIP	~~RIVERVIEW FL~~ Valrico, FL 33594	2.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~RICHARDSON, GEORGE~~ William E. Todd	3.2 NAME	~~Matthew~~ Todd, William E
STREET ADDRESS	~~12412 DRIFTSTONE WAY~~ 231 Caloosa Lake Cir S	3.3 STREET ADDRESS	231 Caloosa Lake Circle S
CITY-ST-ZIP	~~RIVERVIEW FL~~ Lake Wales, FL 33853	3.4 CITY-ST-ZIP	Lake Wales, FL 33853
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~YATES, PAUL~~	4.2 NAME	Drop
STREET ADDRESS	~~1016 ESTATEWOOD DR~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~BRANDON FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LYNES, KENIN	5.2 NAME	
STREET ADDRESS	10401 CRESTFIELD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: John C. Knight JOHN C. KNIGHT 3-7-95 (813) 689-2308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000207B