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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41476**

1. Corporation Name
CHURCH OF GOD THE BIBLE WAY INC.

Principal Place of Business	Mailing Address
766 HOBBS RD. AUBURNDALE FL 33823	766 HOBBS RD. AUBURNDALE FL 33823

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)

3. Date Incorporated or Qualifed: 12/31/1990
4. FEI Number: 59-2969281 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COWART, CLAYTON
473 HONEY BEE LN
POLK CITY FL 33868

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COWART, C.A.		1.2 NAME		
STREET ADDRESS	473 HONEYBEE LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33868		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, M.		2.2 NAME		
STREET ADDRESS	2006 9TH CT. N.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AKER, L.		3.2 NAME		
STREET ADDRESS	2006 9TH CT. N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, J.		4. 2 NAME		
STREET ADDRESS	473 MYERS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33885		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COWART, L.		5.2 NAME		
STREET ADDRESS	473 HONEYBEE LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33885		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, PAUL		6.2 NAME		
STREET ADDRESS	510 DIXIE ANNA DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN FL 33834		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: [signature] **REQUIRED** 4-30-99 941-965-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)