

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N43021** (7)
1. Corporation Name
**COMMUNITY CHURCH OF GOD, INCORPORATED, INC. PORT
CHARLOTTE, FLORIDA**

Principal Place of Business 23171 MCNAMEE AVE. PORT CHARLOTTE FL 33980	Mailing Address 23171 MCNAMEE AVE. PORT CHARLOTTE FL 33980
--	--

3. Date Incorporated or Qualified 04/17/1991	
4. FEI Number 65-0268311	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 23171 McNamee Ave. 27 Suite, Apt. #, etc. 28 Pt. Charlotte FL 29 Zip 30 33980 Country
---	---

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
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent WILTSHIRE, CECIL N. 23171 MCNAMEE AVE. PT. CHARLOTTE FL 33980	10. Name and Address of New Registered Agent NONE 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	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, CARMEN	1.2 NAME	
STREET ADDRESS	3503 SHAWN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, E. E.	2.2 NAME	
STREET ADDRESS	2112 HYATT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTSHIRE, DORIS	3.2 NAME	
STREET ADDRESS	23171 MCNAMEE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, E REV.	4.2 NAME	
STREET ADDRESS	1000 MALAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTSHIRE, CECIL N	5.2 NAME	
STREET ADDRESS	23171 MCNAMEE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33980	5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: **REV. CECIL N. WILTSHIRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR