

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2007 8:00 am
Secretary of State

05-01-2007 90036 029 ****70.00

DOCUMENT # N43021 1. Entity Name COMMUNITY CHURCH OF GOD, INCORPORATED, INC. PORT CHARLOTTE, FLORIDA					
Principal Place of Business ATTN: AUSTIN DAVIDSON 3485 JONES ST. PORT CHARLOTTE FL 33980		Mailing Address ATTN: AUSTIN DAVIDSON 3485 JONES ST. PORT CHARLOTTE FL 33980			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0268311				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILTSHIRE, CECIL N. 3485 JONES STREET. PT. CHARLOTTE FL 33948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	<input type="checkbox"/> Delete WILTSHIRE, CECIL 23171 MC NAMEE AVENUE PT. CHARLOTTE FL 33980		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WILTSHIRE, CECIL	STREET ADDRESS 23171 MC NAMEE AVENUE		NAME _____	STREET ADDRESS _____	
CITY-ST-ZIP PT. CHARLOTTE FL 33980	CITY-ST-ZIP PT. CHARLOTTE FL 33980		CITY-ST-ZIP _____	CITY-ST-ZIP _____	
TITLE S	<input type="checkbox"/> Delete SALMON, MERLE 23179 MCNAMEE AVENUE PT. CHARLOTTE FL 33980		TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SALMON, MERLE	STREET ADDRESS 23179 MCNAMEE AVENUE		NAME Wiltshire, Merle	STREET ADDRESS 23171 Mc Name Ave	
CITY-ST-ZIP PT. CHARLOTTE FL 33980	CITY-ST-ZIP PT. CHARLOTTE FL 33980		CITY-ST-ZIP Pt. Charlotte, FL 33980	CITY-ST-ZIP _____	
TITLE T	<input type="checkbox"/> Delete DAVIDSON, AUSTIN 1268 HINTON PT. CHARLOTTE FL 33952		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DAVIDSON, AUSTIN	STREET ADDRESS 1268 HINTON		NAME _____	STREET ADDRESS _____	
CITY-ST-ZIP PT. CHARLOTTE FL 33952	CITY-ST-ZIP PT. CHARLOTTE FL 33952		CITY-ST-ZIP _____	CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	STREET ADDRESS _____		NAME _____	STREET ADDRESS _____	
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____	CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	STREET ADDRESS _____		NAME _____	STREET ADDRESS _____	
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Cecil N. Wiltshire</i>			Date 5/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 1-941-625-7778		

ATTACHMENT 66017177

#N43021

Community Church of God, Inc. Port Charlotte
3485 Jones Street
Port Charlotte, FL 33948-2331
April 23, 2007

Division of Corporations
Annual Report Section
P.O.Box 1500
Tallahassee, FL 32302-1500

Enclosed please find our Not-For-Profit Corporation Annual Report. The amount of Seventy dollars is enclosed to be allocated as follows:

1. Fee=\$61.25
2. Certificate of status=\$8.75.

Please note that at section 10 Merle Salmon, s name is to be changed to Merle Wiltshire and the address to 23171 McNamee Ave. Pt. Charlotte, Fl 33980.

Sincerely,

Cecil Wiltshire
Cecil Wiltshire.