


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N43021 1. Entity Name COMMUNITY CHURCH OF GOD, INCORPORATED, INC. PORT CHARLOTTE, FLORIDA	
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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
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0268311	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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**

**DO NOT WRITE
IN THIS SPACE**

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 Rev. C. N. Wilshire (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000948677 06/02/08-80065-003 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILTSHIRE, CECIL 23171 MC NAMEE AVENUE PT. CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILTSHIER, MERLE 23171 MCNAME AVE PT. CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, AUSTIN 1268 HINTON PT. CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: x Rev. C. N. Wilshire 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #