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NONPROFIT **CORPORATION ANNUAL REPORT**



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

1996 DOCUMENT # N44314

(5)

THE MODEST STREET CHURCH OF GOD, INC.

FILED Apr 24, 1996 08:00 AM **Secretary of State**



Principal Plac					<u>eran dia kabaharan da</u>	
· · · · · · · · · · · · · · · · · · ·	pe of Business	Mailing Address			ITE OTRI BIRTH BIRTH BI	OM THUM (UTIL) (UTIL
419 MODEST ST LAKELAND FL 33805		419 MODEST ST Lakeland FL 33805				
9 Principal 5	Place of Business			3. Date Incorporated or Qualified 07/16/1991	3a. Date of La 09/13/	
1		2a. Mailing Address 26		4. FEI Number 59-3246562		Applied For Not Applicab
Suite, Apt City & Sta	·	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
3		City & State		Election Campaign Financing Trust Fund Contribution	_ \$5.	00 May Be led to Fees
Zip 4	Country 25	Zip	Country	8. This corporation has liability for in	tangible tax under	s. 199.032.
<u> </u>	9. Name and Address of Curre	29 Acent	30	Florida Statutes	Yes No	
	The state of the s	it tregistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
HARRIS	HENRY O.		l Name			
	BELLA VISTA ST		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	ND FL 33809		83		·	
·						
			84 City		— 85 2	Zip Code
II. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508. Florida Statute	s the above-named care	coration submits this statement for the purpoper of directors.	FL	
or registe familiar w	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was authorize	ed by the corporation's b	coration submits this statement for the purpo oard of directors. I hereby accept the appoir	ose of changing its otment as registere	registered offi id agent Lam
	and becope the obligations of, cool	ion on .0505, Fibrida Statutes.				a agomeram
CHARLIDE						
SIGNATURE	Signature, typed or printed name of registered agent	ar orbite if any locable (NO)	F Rountaged Apurat supparture must	dod ob server and a		
	Signature, typed or printed name of registered agent OFFICERS ANI		E Registered Agunt signature req.		DATE CIDE AND DIEV OT	000 11 40
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actor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name is chapter 617, Florida Statutes; and that my name

SIGNATURE: