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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N44957**

1. Corporation Name
THE OLD COUNTRY CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
2326 23RD CIRCLE PANAMA CITY FL 32405 US	P O BOX 15156 PANAMA CITY FL 32406 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/04/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3086742 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JACKSON, THOMAS D.
2326 23RD CIRCLE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: SUSAN S. JACKSON
82 Street Address (P.O. Box Number is Not Acceptable): 2326 23rd Circle
83
84 City: PANAMA CITY FL 85 Zip Code: 32405

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: SUSAN S. JACKSON Susan S. Jackson 5-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BILLY R. JACKSON		1.2 NAME		
STREET ADDRESS	RT. 4, BOX 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	OBERT, WILLIE B		2.2 NAME	CAROL DOZIER	
STREET ADDRESS	262 N HWY 22-A		2.3 STREET ADDRESS	2326, 23rd. Circle	
CITY-ST-ZIP	CALLAWAY FL		2.4 CITY-ST-ZIP	PANAMA City, FL	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, SUSAN S		3.2 NAME		
STREET ADDRESS	100 TIMBER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SUSAN S. JACKSON SIGNATURE REQUIRED 4/24/99 (850) 769-7664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)