FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N46125** **(3)**

1. Corporation Name

CHURCH OF GOD, DAVENPORT, FL (EVENING LIGHT) INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MARY E. HARGRAVE 22345 S W 117TH PLACE GOULDS FL 33170	C/O MARY E. HARGRAVE 22345 S W 117TH PLACE GOULDS FL 33170

3. Date Incorporated or Qualified: 11/20/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3093643 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O RODNEY EDWARDS	26 C/O RODNEY EDWARDS
Suite, Apt. #, etc. 22 13501 SW 267 ST	Suite, Apt. #, etc. 27 13501 SW 267 ST
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33032 County 25 U.S.A.	Zip 29 33032 County 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDWARDS RODNEY 13501 SW 267 ST. MIAMI FL 33032	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	FORBES, ROBERT W	12 NAME	
STREET ADDRESS	RT 5, BOX 67	13 STREET ADDRESS	deceased
CITY-ST-ZIP	AMITE LA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHAFFER, CARL R	22 NAME	
STREET ADDRESS	P.O. BOX 5366	23 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HARGRAVE, MARY E	32 NAME	Hargrave, MARY
STREET ADDRESS	22345 S W 117TH PLACE	33 STREET ADDRESS	2809 Meadowlane Pl
CITY-ST-ZIP	GOULDS FL	34 CITY-ST-ZIP	Muskogee, OK 74401
TITLE	TD	41 TITLE	☑ Change ☐ Addition
NAME	EDWARDS, RODNEY	42 NAME	
STREET ADDRESS	13501 S W 267TH STREET	43 STREET ADDRESS	PD/TD
CITY-ST-ZIP	NARANJA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rodney Edwards 7-16-95 305-258-4925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0044261