

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



FILED

95 MAY -1 PM 1:01

DOCUMENT # N49815 (6)

THE CHURCH OF GOD OF GOULDS, FLORIDA, INC.
(EVENING LIGHT SAINTS)

100001505731
-06/06/95--01009--001
*****70.00 *****70.00

P.O. BOX 700365
GOULDS, FL 33170

3. Date of Incorporation	3a. Date of Last Report
07/09/1992	06/21/1994
4. Filing Fee	Request Fee
65-036-8337	
5. Additional State Fee	\$8.75 Additional Fee Required
6. Additional Corporate Fee	\$5.00 May Be Added to Fees
7. Nonprofit with 401(c)(3) Status	\$68.75 Supplemental Fee Not Required
8. Does corporation have liability for underpaid tax under 511(b)(2)?	

2. Principal Office	2a. Mailing Address
21. State	26. State
22. City	27. City
23. Zip	28. Zip
24. Name	29. Name
25. Address	30. Address

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRACHER, DOUGLAS J
317 N KROME AVENUE
HOMESTEAD FL 33030

81. Name	
82. Does Agent have (DTE) Box Number - Not Applicable	
83. Address	
84. State	85. Zip
FL	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original report of the corporation as required by the Department of Banking and Finance, State of Florida, and that the same is true and correct as the same appears in the original report of the corporation as required by the Department of Banking and Finance, State of Florida.

12. Name	13. Name
NORMAN T SIMPSON	NORMAN T SIMPSON
19810 S.W. 117th AVENUE	19810 S.W. 117th AVENUE
MIAMI, FL 33177	MIAMI, FL 33177
VPQ	VPQ
RODNEY EDWARDS	RODNEY EDWARDS
13501 S.W. 267th STREET	13501 S.W. 267th STREET
NARANJA, FL 33032	NARANJA, FL 33032
TD	TD
KENNETH BAXTER	KENNETH BAXTER
28561 S.W. 147th AVENUE	28561 S.W. 147th AVENUE
LEISURE CITY, FL 33033	LEISURE CITY, FL 33033
SD	SD
SUSIE A HICKMAN	SUSIE A HICKMAN
27130 S.W. 127th AVENUE	27130 S.W. 127th AVENUE
HOMESTEAD, FL 33032	HOMESTEAD, FL 33032

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original report of the corporation as required by the Department of Banking and Finance, State of Florida, and that the same is true and correct as the same appears in the original report of the corporation as required by the Department of Banking and Finance, State of Florida.

SIGNATURE: *Susie A Hickman* / SUSIE A HICKMAN
SIGNATURE AND TYPE OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR

05/10/1995 258-4510