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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:26

DOCUMENT # **N94000001737 (5)**

1. Corporation Name
GOD'S CHURCH OF ETERNAL LIFE IN JESUS CHRIST, IN C.

Principal Place of Business	Mailing Address
1635 EAST 21 STREET JACKSONVILLE FL 32206	1635 EAST 21 STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3238941 — ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ULBRICH, ROBERT G
6802 N MAIN STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

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: _____ (Typed or printed name of person signing) _____ (Title) _____ (Registered Agent signature required if changed) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DARRING, AMOS	1.2 NAME	
STREET ADDRESS	1635 EAST 21 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	D STILL ACTIVE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~DARRING, CORINE~~	2.2 NAME	
STREET ADDRESS	~~1635 EAST 21 STREET~~ CROSSED OUT	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL 32206~~ IN ERROR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JOYCE COX	3.2 NAME	
STREET ADDRESS	3331 Capitola Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fla. 32209	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ANNIE MAE BENNETT	4.2 NAME	
STREET ADDRESS	2686 W 25th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fla 32209	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY DARRING	5.2 NAME	
STREET ADDRESS	2023 W 45th St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fla 32209	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	Telfair G Merrison	6.2 NAME	
STREET ADDRESS	2027 W 45th St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fla. 32209	6.4 CITY-ST-ZIP	DELIVERED BY MAY 1

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: Bishop Amos Darring — 4/8/95 — 768-7856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0001306