2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 28, 2008 08:00 Al Secretary of State DOCUMENT # N94000006148 CATHEDRAL OF POWER CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address 2423 5TH STREET N.E. P.O. BOX 3163 WINTER HAVEN FL 33885 WINTER HAVEN FL 33881 2. Principar Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3479163 Not Applicable Country Zin Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 2105 9TH COURT NE WINTER HAVEN FL 33881 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title. I applicable. (NOTE: Ring stored Agent signature residred when reinstaring) DATE FILE NOW: FEE IS \$61.25 Election Campaign Financing Make Check Payable to \$5.00 May Be Oue By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEWIS, CHARLES E NAME NAME 2105 9TH CT. STREET ADDRESS STREET ADDRESS V00000873633 10/08-80086-WINTER HAVEN FL 33881-1714 CITY-ST-ZIP 012 70.00 CITY-ST-ZIP Addition ☐ Detete Change TOTLE LEWIS, LOTTIE M NAME NAME 2105 9TH CT. N.E. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881-1714 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change Addition TITLE GAINES, WILLIAM NAME NAME STREET ADDRESS 501 AVE. "L" NORTHEAST STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881-1714 CITY-\$7-ZIP ☐ Delete TITLE Change ☐ Addition THEF BARNETT, LORETTA NAME NAME 510 MASE AVE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881-1714 CITY-ST-ZIP ☐ Delete 1177.0 Change ■ Addition TITLE LOVETT, VEETTA NAME NAME 375 ORRIN CIR NE STREET AUDRESS STREET ADDRESS WINTER HAVEN FL 33881-1714 CITY-ST-Z:P CITY-ST-ZIE ☐ Change THE ☐ Delete TITLE Addition JOHNSON, J NAME 2421 TUMBLED WEED TRAIL STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Cal. 863-221- 12 44

SIGNATURE:

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SIGNATURE:

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information