

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

CITY ST ZIP

STREET ADDRESS

TITLE

N95000000068 (5) **DOCUMENT #**

CHURCH OF GOD CHRISTIAN UNION, INC.

Mailing Address Principal Place of Business 9312 BIRMINGHAM DRIVE 9312 BIRMINGHAM DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3a. Date of Last Report 3. Date Incorporated or Qualified 01/06/1995 4. FEI Number Applied For 2a. Mailing Address 26 P.O. BOX 18957 2. Principal Place of Business 65-0551139 Not Applicable 21 3532 Broadn \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Riviera N LAKE PARK. Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No 33403 USA Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LA BRANCHE, SINGER REV. Street Address (P.O. Box Number is Not Acceptable) 82 9312 BENNINGHAM DRIVE 8.3 PALM BEACH GARDENS FL 33410 85 Zip Code 84 City 21. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E037 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Service Worship Change
David Anglade
2820 BROADWAY # 9:
Riviera Beach Fl 33404 Change DELETE 1.1 TITLE (C) TITLE 12 NAME LA BRANCHE, SINGER NAME 8312 BIRMINGHAM DRIVE STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 2 1 TITLE DELETE TITLE LOUIS. ALCIUS 2.2 NAME NAME ON CYPRESS DEENE #6 2 3 STREET ADDRESS STREET ADDRESS LANCE PASK FL SOMES RCJ. Front VAlmyre Change Addition of BENCH BAKDENS F. CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3 2 NAME LA BRANCHE, AMOS NAME 3 3 STREET ADDRESS 3 (2 BIFMinum and unive STREET ADDRESS नेसाम्बर्भ क्रिकेश्चर्य १७७७ (स**S** FL ३३४) (3 4. City - ST - ZiP CITY-ST-2IP DELETE 4.1 TITLE TITLE 4. 2 NAME LA BRANCHE, JULIANNE NAMÉ 4.3 STREET ADDRESS 600001890476 -07/11/96-01016-008 STREET ADORESS 4.4 CITY-ST-7P CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE ***61.25 5 2 NAME ELANDE LOUIS NAME -5 3 STREET ADDRESS STREET ADDRESS Philippe Thelemarque 62 NAME 63 STREET ADDRESS OF THE BEAGE AS A CITY-ST-ZIP BEAGE 64 STREET ADDRESS OF THE BEAGE AS A CITY-ST-ZIP BEAGE 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 NAME 64 CITY-ST-ZIP 65 NAME 64 CITY-ST-ZIP 65 CITY-ST-ZIP 65

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)(k). 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 certify 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 oath, that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

2/4/96 1401) 478-7377

Addition

NONPROFIT CORPORATION . ANNUAL REPORT 1996	Sandra Secret	ARTMENT OF STAT B. Mortham any of State CORPORATIONS	2-3
DOCUMENT # 1. Corporation Name	N95000	00066	8
Principal Place of Business	Mailing Address		
2. Principal Place of Business			Date Incorporated or Qualified 3a. Date of Last Report
21 3532 BROBDWAY	28. Mailing Address	12957	4. FEI Number Applied Fo
Suite, Apt. #, etc.	Suite. Apt #, etc.	10 /	5. Certificate of Status Desired \$8.75 Addition
City & State	City & State		Fee Required
Z _I p Country	26 LAKE PK	1RK Fla	Added to Fees
24 33404 25 U.S.A	29	30	8. This corporation has liability for intangible tax under s 199.03; Florida Statutes
9. Name and Address of Curre	int Hegistered Agent	81 Nam	10. Name and Address of New Registered Agent
			et Address (P.O. Box Number is Not Acceptable)
		83	NO BOX Number is Not Acceptable)
11. Pursuant to the provisions of Sections 517.050	22 and 617 1500 5	84 City	FI 85 Zip Code
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida, Such change was au lations of, Section 617 0503, Florida	s, the above-name uthorized by the co ida Statutos	d corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere
Signature Signature typed or printed name of registered age			
12. OFFICERS AN	D DIRECTORS (NOTE	Registered Agent's grafu 13.	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME OF LABRANCI	NE SINGERE	† 1 TITLE	GERVICE WORKER Change TAddit
STREET ADDRESS 9312 BICHING	ham orive	1.2 NAME 1.3 STREET ADDRESS	RV. DAVID ANGLAGE 2820 Broadway #9
CHY-SI-ZIP TAIM BEACH G	deus 33410.	1 4 CITY-ST-ZIP	2830 Broadway #4
1 4 TO COMPOSITE 1	DOIS DELETE	21 TITLE	RIVIERA BEBEHFI 334 CHICHange LAddit
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THE PAIN BEACH CAR	CICLOS 35410	34 CITY-ST-ZIP	RAIM Beach BARDENS
AME POCUNCE	S JULY WINS	4 1 TITLE 4 2 NAME	Change Addition
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IV-ST-210 LAKE TARK 3	5403	5 4 CITY - ST - ZIP	
ME 9312 BIRMINGHAM	DR.	61 TITLE 62 NAME	Change Additio
REET ADDRESS PAIM BEACH GAR	DENS ET	6 3 STREET ADDRESS	
. I do hereby certify that the reference:	-1,5410	64 CITY - ST - ZIP	
ruriner certify that the information indicated on the made under path; that I am an officer or director that my name appears in Block 12 or Block 13 or	nis annual report or supplementa of the corporation or the receive	oned and does not If annual report is tr or trustee empoy	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I rue and accurate and that my signature shall have the same legal effect as wered to execute this report as required by Chapter 617, Florida Statutes, ar
	unanged, or on an attachment v	with an address	Chapter 617, Florida Statutes; ar
SIGNATURE:	RINTED NAME OF SIGNING OFFICER OR I		Date.

Date

Daytime Phone #