

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002619 (3)

1. Corporation Name

CHURCH OF GOD BY FAITH PENTECOSTAL HOLINESS, INC



Principal Place of Business

Mailing Address

15850 COUNTY RD 565-A
CLERMONT FL 3471115850 COUNTY RD 565-A
CLERMONT FL 34711-80443. Date Incorporated or Qualified
05/30/19953a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 13014 Georgia Ave.

26 13014 Georgia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Astatula, Florida

28 Astatula, Florida

Zip

Country

Zip

Country

24 34705

25 Lake

29 34705

30 Lake

4. FEI Number

59-3327809

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

HOBSON, RANDY L
15850 COUNTY RD 565-A
CLERMONT FL 34711

81 Name

Hobson, Randy L.

82 Street Address (P.O. Box Number is Not Acceptable)

13014 Georgia Ave.

83

84 City

Astatula

FL

85 Zip Code

34705

11. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HOBSON, RANDY L
STREET ADDRESS 15850 COUNTY RD 565-A
CITY - ST - ZIP CLERMONT FL 347111.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 13014 Georgia Ave.
1.4 CITY - ST - ZIP Astatula, Florida 34705TITLE D ☐ DELETE
NAME HOBSON, CORA
STREET ADDRESS 15850 COUNTY RD 565-A
CITY - ST - ZIP CLERMONT FL 347112.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 13014 Georgia Ave
2.4 CITY - ST - ZIP Astatula, Florida 34705TITLE D ☐ DELETE
NAME COLLINS, ANDREW J
STREET ADDRESS 25783 COUNTY RD 565-A
CITY - ST - ZIP CLERMONT FL 347113.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BRASHER, MAITLAND C JR.
STREET ADDRESS 25201 MADISON ST
CITY - ST - ZIP ASTATULA FL 347054.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BRASHER, CAROLYN A
STREET ADDRESS 25201 MADISON ST
CITY - ST - ZIP ASTATULA FL 347055.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: Randy L. Hobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/15/97 343-5246
Date Daytime Phone # 0089804

CR2E037 (9/96)