

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002633 (4)**

1. Corporation Name

**THE PROGRESSIVE CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business

1241 WEST THARPE STREET  
PARK "C" #15  
TALLAHASSEE FL 32303

Mailing Address

3127 SOUTH FULMER CIRCLE  
TALLAHASSEE FL 32303



3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1241 WEST THARPE STREET

26 Suite, Apt. #, etc.

22 PARK "C" #6

27 Suite, Apt. #, etc.

23 TALLAHASSEE, FL

28 City & State

City & State

24 32303

29 Zip

25 LEON

30 Country

4. FEI Number

59-3319522

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**

8. 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

WEAVER, CHARLES EDWARD ELDER  
3127 SOUTH FULMER CIRCLE  
TALLAHASSEE FL 32303

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WEAVER, II, CHARLES EDWARD ELDER  
STREET ADDRESS 3127 SOUTH FULMER CIRCLE  
CITY- ST- ZIP TALLAHASSEE FL 32303 ☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME WEAVER, KATHERINE J MISS.  
STREET ADDRESS 3127 SOUTH FULMER CIRCLE  
CITY- ST- ZIP TALLAHASSEE FL 32303 ☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE STD  
NAME WALTERS, ALEXANDRIA E SIS.  
STREET ADDRESS ROUTE 7, BOX 4328  
CITY- ST- ZIP QUINCY FL 32351 ☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D  
NAME JOHNSON, MINNIE LEE MOTHER  
STREET ADDRESS ROUTE 7, BOX 4328  
CITY- ST- ZIP QUINCY FL 32351 ☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

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 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:

Charles E. Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

Date

599-3448

Daytime Phone #

CR2E037 (12/95)