

FILE NOW: FILING FEE IS \$61.25

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90078 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002633			
1. Corporation Name THE PROGRESSIVE CHURCH OF GOD IN CHRIST, INC.			
Principal Place of Business 1241 WEST THARPE STREET PARK C #6 TALLAHASSEE FL 32303 US		Mailing Address 3127 SOUTH FULMER CIRCLE TALLAHASSEE FL 32303	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/07/1995		4. FEI Number 59-3319522	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WEAVER, CHARLES EDWARD ELDER 3127 SOUTH FULMER CIRCLE TALLAHASSEE FL 32303		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 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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WEAVER, II, CHARLES EDWARD ELDER		
STREET ADDRESS	3127 SOUTH FULMER CIRCLE		
CITY-ST-ZIP	TALLAHASSEE FL 32303		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	WEAVER, KATHERINE J MISS.		
STREET ADDRESS	3127 SOUTH FULMER CIRCLE		
CITY-ST-ZIP	TALLAHASSEE FL 32303		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	WALTERS, ALEXANDRIA E SIS.		
STREET ADDRESS	ROUTE 7, BOX 4328		
CITY-ST-ZIP	QUINCY FL 32351		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	JOHNSON, MINNIE LEE MOTHER		
STREET ADDRESS	ROUTE 7, BOX 4328		
CITY-ST-ZIP	QUINCY FL 32351		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Walters, Alexandria E Attorney		
3.3 STREET ADDRESS	Route 7, Box 4328		
3.4 CITY-ST-ZIP	Quincy, FL 32351		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Charles E. Weaver II SIGNATURE REQUIRED E. Weaver II 1-21-99 599-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)