


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90021 044 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002830

1. Corporation Name

SPRINGFIELD TRUE CHURCH OF GOD INC.

Principal Place of Business
49 W. 16TH ST.
JACKSONVILLE FL 32206

Mailing Address
49 W. 16TH ST.
JACKSONVILLE FL 32206



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3248907	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JAMES. ELDER MICHAEL SR. 3258 DILLON ST. JACKSONVILLE FL 32254			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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, SR., MICHAEL	1.2 NAME	
STREET ADDRESS	3258 DILLON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32205	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, WILLIAM	2.2 NAME	
STREET ADDRESS	3435 KINGSTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32205	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, OTIS	3.2 NAME	
STREET ADDRESS	3309 PHYLLIS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32205	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, DARIAN	4.2 NAME	
STREET ADDRESS	8466 PERKINS COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32210	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHARLES	5.2 NAME	
STREET ADDRESS	2525 LAMEE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32210	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JOHNNI M.	6.2 NAME	
STREET ADDRESS	222 SILVER CREEK CT #9	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32218	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:

Michael James Sr. 31-JAN-99 904 387-5748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)