

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002830

FILED  
Jun 09, 2007  
Secretary of State

Entity Name: SPRINGFIELD TRUE CHURCH OF GOD INC.

**Current Principal Place of Business:**

49 W. 16TH ST.  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

49 W. 16TH ST.  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3248907      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JAMES, MICHAEL BISHOP  
306 FAWN RIDGE LN  
ORANGE PARK, FL 32073      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JAMES, MICHAEL SR  
Address: 306 FAWN RIDGE LN  
City-St-Zip: ORANGE PARK, FL 32073

Title: T      ( ) Delete  
Name: MONTGOMERY, WILLIAM  
Address: 3435 KINGSTON ST  
City-St-Zip: JAX, FL 32205

Title: T      ( ) Delete  
Name: BAKER, OTIS  
Address: 3309 PHYLLIS STREET  
City-St-Zip: JAX, FL 32205

Title: T      ( ) Delete  
Name: OLIVER, DARIAN  
Address: 8466 PERKINS COURT  
City-St-Zip: JAX, FL 32210

Title: D      ( ) Delete  
Name: BROWN, CHARLES  
Address: 7844 GREGORY DRIVE  
City-St-Zip: JAX, FL 32210

Title: D      ( ) Delete  
Name: WRIGHT, JOHNNI M.  
Address: 222 SILVER CREEK CT #9  
City-St-Zip: JAX, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JAMES

P

06/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date