

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001814

FILED
Mar 18, 2012
Secretary of State

Entity Name: HALLOWED BE THY NAME CHURCH OF GOD, INC.

Current Principal Place of Business:

292 TRIPLETT ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

292 TRIPLETT ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3400814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, TIMOTHY A
1901 WELCH STREET
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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: PD
Name: DAVIS, TIMOTHY
Address: 1901 WELCH STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: TT
Name: MILLER, LILLIAN R
Address: 12 WYTHE CT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TT
Name: MILLER, MAJOR L
Address: 1196 SOPCHOPPY HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: TT
Name: SMITH, VERGIA A
Address: 314 TRIPLETT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TT
Name: HARVEY, BRIAN
Address: 55 MOHAWK TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TT
Name: MCMILLIAN, FRANCES
Address: 314 TRIPLETT ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY DAVIS

PD

03/18/2012

Electronic Signature of Signing Officer or Director

Date