

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002348
1. Corporation Name: CHRISTIAN UNITED FELLOWSHIP
 TRUE CHURCH OF GOD, INC

Principal Place of Business: 2412 S. Harbor City Blvd.
 Melbourne, FL 32901
Mailing Address: P.O. Box 2864
 Melbourne, Florida
 32902-2864

3. Date Incorporated or Qualified

April 28, 1997

4. FEI Number

Applied For
☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 P.O. Box 2864
22 City & State	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country
	Melbourne, Florida
	32902-2864
	U.S.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REV. J.N. BLACKMON
 608 EAST WALL STREET
 MELBOURNE, FLORIDA 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: *Joe N. Blackmon*

Signature Type: ☐ Not Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P/D
13 STREET ADDRESS	Joe N. Blackmon
14 CITY-ST-ZIP	608 E. Wall Street Melbourne, FL 32901
21 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joseph Leonard Valentine
23 STREET ADDRESS	502 Dedham Street N.E.
24 CITY-ST-ZIP	Palm Bay, Florida 32905
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	David McIntyre
33 STREET ADDRESS	1049 Newbern Street N.E.
34 CITY-ST-ZIP	Palm Bay, Florida 32905
41 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Hester McIntyre
43 STREET ADDRESS	1049 Newbern Street N.E.
44 CITY-ST-ZIP	Palm Bay, Florida 32905
51 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	May Blackmon
53 STREET ADDRESS	608 East Wall Street
54 CITY-ST-ZIP	Melbourne, Florida 32901
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	000002562210
63 STREET ADDRESS	06/17/98-- 01008-- 025
64 CITY-ST-ZIP	***70.00

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 of this report, or on an attachment with an address.

SIGNATURE: *Joe N. Blackmon* **JOE N. BLACKMON**

5-01-98

407-724-6125/
407-952-2924

CR2E037 (10/97)