

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90042 004 \*\*\*\*70.00

**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

PO BOX 2864  
MELBOURNE FL 32902-2864



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number 59-3443213  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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  
NAME BLACKMON, J.N. REV  
STREET ADDRESS 608 EAST WALL STREET  
CITY-ST-ZIP MELBOURNE FL 32901 ☐ DELETE

TITLE V/D  
NAME VALENTINE, LENARD J  
STREET ADDRESS 502 DEDHAM STREET N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ DELETE

TITLE D  
NAME MCINTYRE, DAVID  
STREET ADDRESS 1049 NEWBERN STREET N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ DELETE

TITLE S  
NAME MCINTYRE, HESTER REV.  
STREET ADDRESS 1049 NEWBERN STREET N.E.  
CITY-ST-ZIP PALM BAY FL 32905 ☐ DELETE

TITLE T  
NAME BLACKMON, MAY  
STREET ADDRESS 608 EAST WALL STREET  
CITY-ST-ZIP MELBOURNE FL 32901 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME BLACKMON, JOE N. Bishop  
1.3 STREET ADDRESS 608 WALL STREET  
1.4 CITY-ST-ZIP MELBOURNE, FL 32901 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME VALENTINE, JOSEPH LEONARD REV  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME MCINTYRE, DAVID REV  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME MCINTYRE, HESTER MINISTER  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE T  
5.2 NAME MOORE, DOREA  
5.3 STREET ADDRESS 2215 ADAMS STREET N.E.  
5.4 CITY-ST-ZIP PALM BAY, FL 32905 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

**ROBERT J. BLACKMON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

407  
952-2924

Daytime Phone #

CR2E037 (11/98)