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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000002348

1. Corporation Name

**CHRISTIAN UNITED FELLOWSHIP TRUE CHURCH OF GOD,
 INC.**

* 5 1 4 3 8 6 *

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

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/28/1997

22 City & State

27 City & State

4. FEI Number 59-3443213
NOT APPLICABLE

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 | PD | <input type="checkbox"/> DELETE |
| NAME | BLACKMON, J.N. REV | |
| STREET ADDRESS | 608 EAST WALL STREET | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | V/D | <input type="checkbox"/> DELETE |
| NAME | VALENTINE, LENARD J | |
| STREET ADDRESS | 502 DEDHAM STREET N.E. | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCINTYRE, DAVID | |
| STREET ADDRESS | 1049 NEWBERN STREET N.E. | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCINTYRE, HESTER REV. | |
| STREET ADDRESS | 1049 NEWBERN STREET N.E. | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | BLACKMON, MAY | |
| STREET ADDRESS | 608 EAST WALL STREET | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BLACKMON, JOE N. Bishop | |
| 1.3 STREET ADDRESS | 608 WALL STREET | |
| 1.4 CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VALENTINE, JOSEPH LEONARD REV | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | MCINTYRE, DAVID REV | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | MCINTYRE, HESTER MINISTER | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | T MOORE, DORETHA | |
| 5.3 STREET ADDRESS | 2215 ADAMS STREET N.E. | |
| 5.4 CITY-ST-ZIP | PALM BAY, FL 32905 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: *Joe N. Bishop*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-28-99
 Daytime Phone #: 407 952-2924

CRZE037 (11/98)