

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**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90050 024 \*\*\*\*70.00

**DOCUMENT # N97000003353**

1. Corporation Name

**UNITED CHILDREN OF GOD, INC.**

Principal Place of Business

7929 SUNNYBROOK RD  
MELROSE FL 32666  
US

Mailing Address

P O BOX 126  
GRANDIN FL 32138  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/09/1997**

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

**59-3456155**

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENROD, RONALD B**  
**8119 BLAZING STAR ROAD**  
**MELROSE FL 32666**

81 Name

**RONALD B PENROD**

82 Street Address (P.O. Box Number is Not Acceptable)

**7929 SUNNY BROOK RD.**

83

84 City

**MELROSE**

**FL**

85 Zip Code

**32666**

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

☐ DELETE

NAME

**PENROD, RONALD B**

STREET ADDRESS

**7929 SUNNY BROOK RD**

CITY-ST-ZIP

**MELROSE FL 32666**

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

SD

☐ DELETE

NAME

**PENROD, LINDA**

STREET ADDRESS

**7929 SUNNY BROOK RD**

CITY-ST-ZIP

**MELROSE FL 32666**

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

TD

☐ DELETE

NAME

**MOSLEY, LEONA**

STREET ADDRESS

**8119 BLAZING STAR**

CITY-ST-ZIP

**MELROSE FL 32666**

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TD**

**LEONA MOSLEY**

**8450 LAKE EVERETT DR**

**MELROSE, FL. 32666**

☐ Change

☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

**RONALD B PENROD**

*Ronald B Penrod*

**2/2/99**

**(904) 661-2497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)