

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90075 020 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000001496

1. Corporation Name

COMBEE ROAD FULL GOSPEL CHURCH OF GOD, INC.

Principal Place of Business

2179 COMBEE ROAD
LAKELAND FL 33801

Mailing Address

2179 COMBEE ROAD
LAKELAND FL 33801



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

03/13/1998

4. FEI Number

59-3497370

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

DORMAN, PHILLIP
1723 ROTARY DRIVE
LAKELAND FL 33801

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 Phillip Dorman
Signature, typed or printed name of registered agent and title if applicable.

Phillip Dorman
(NOTE: Registered Agent signature required when reinstating)

4/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORMAN, PHILLIP	
STREET ADDRESS	1723 ROTARY DRIVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORMAN, CHRISTINE	
STREET ADDRESS	1723 ROTARY DRIVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORMAN, LORI	
STREET ADDRESS	2420 HAYWOOD STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORMAN, ELOISE	
STREET ADDRESS	2420 HAYWOOD STREET	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MESSER, J P	
STREET ADDRESS	P.O. BOX 607 N/A	
CITY-ST-ZIP	KATHLEEN FL 33849	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MESSER, LUCILLE	
STREET ADDRESS	P.O. BOX 607 N/A	
CITY-ST-ZIP	KATHLEEN FL 33849	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Edward Rock
6.4 CITY-ST-ZIP	1414 Ridge Lake Court Lakeland FL 33801

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: Phillip Dorman 4/28/99 (941) 669-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)