

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90194 050 ****61.25

DOCUMENT # N98000002859

1. Corporation Name

QUINCY AND COMMUNITY DELIVERANCE CHURCH OF GOD I
N CHRIST, INC.

Principal Place of Business
515 SOUTH ROBERTS STREET
QUINCY FL 32351

Mailing Address
P.O. BOX 991
QUINCY FL 32351



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	05/18/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
22	27	7 Applied For Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Trust Fund Contribution	
24	25	29	30

9. Name and Address of Current Registered Agent

GREEN, WILLIE C
515 S. ROBERTS STREET
QUINCY FL 32351

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WILLIE C ELDER	1.2 NAME	
STREET ADDRESS	515 SOUTH ROBERTS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CHRISTINA	2.2 NAME	
STREET ADDRESS	RT. 7 BOX 1659	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PATRICIA	3.2 NAME	
STREET ADDRESS	RT. 7 BOX 3937	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOSEPH	4.2 NAME	
STREET ADDRESS	RTE. 1 BOX 2811	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

WILLIE C GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 850-556-4123
Date Daytime Phone #

CR2E037 (11/98)