

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90140 034 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N98000003849**

1. Corporation Name

THE APOSTOLIC CHURCH OF GOD, INC.

Principal Place of Business

POST OFFICE BOX 6144
 Ocala FL 34478

Mailing Address

P.O. BOX 6144
 Ocala FL 34478



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Apostolic Church of God	26		06/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	1507 S.W. 4th St	27		59-3538639	
City & State		City & State		5. Certificate of Status Desired	
23	Ocala, FL 34474	28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip 34474	25	Country USA	6. Election Campaign Financing	
29		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALEX, BETTY J. 1507 SW 4TH STREET OCALA FL 34474				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Dea. James Ritman	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	21701 N.W. 58th Ct.			1.2 NAME	Tangerine Hope		
STREET ADDRESS	McIntosh, FL 32064			1.3 STREET ADDRESS	1917 S.W. 3rd St Ocala, FL 34474		
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	Sis. Marcella Gaines	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2408 N.W. 21st St			2.2 NAME			
STREET ADDRESS	Ocala, FL 34475			2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	Deacon Miguel Gardner	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	38 Spring Loop Cir			3.2 NAME			
STREET ADDRESS	Ocala FL 34472			3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	Sis. Marie Grimes	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P.O. Box 5058			4.2 NAME			
STREET ADDRESS	Ocala, FL 34478			4.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Rhonda Harris* **FILED** **3/3/99** **(352)622-7148**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Tangerine Hope

CR2E037 (1/98)