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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004304

1. Corporation Name

SOUTHERNMOST CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

729 FLEMING STREET
KEY WEST FL

Mailing Address

729 FLEMING STREET
KEY WEST FL



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P. O. Box 1452		07/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0888110	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Key West, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 33041-1452		30	

9. Name and Address of Current Registered Agent

HICKS, BARNEY J ELDER
912 ASHE STREET, APT C
KEY WEST FL 33040

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	Trustee	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Rhaming		1.2 NAME	Leanne Burchill	
STREET ADDRESS	908 Thomas Street		1.3 STREET ADDRESS	1300 15th Court Lot #14	
CITY-ST-ZIP	Key West, FL 33040		1.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	Trustee-Treasurer	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Mounts		2.2 NAME	John Ford	
STREET ADDRESS	818 Olivia Street		2.3 STREET ADDRESS	3333 Duck Ave #A-203	
CITY-ST-ZIP	Key West, FL 33040		2.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	Trustee-Secretary	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackie Williams		3.2 NAME	Juanita Johnson	
STREET ADDRESS	330 Northside Dr, Apt #218		3.3 STREET ADDRESS	1200 Ashby St	
CITY-ST-ZIP	Key West, FL 33040		3.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	Trustee	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucretia Monroe		4.2 NAME	Diane Scott	
STREET ADDRESS	2204 Fogarty Ave		4.3 STREET ADDRESS	G-8 George Allen Apt	
CITY-ST-ZIP	Key West, FL 33040		4.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Kristina Hicks	
STREET ADDRESS			5.3 STREET ADDRESS	912 Ashe St, Apt C	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Barney J. Hicks	
STREET ADDRESS			6.3 STREET ADDRESS	912 Ashe Street, Apt C	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Key West, FL 33040	

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: Barney J. Hicks, Chief of Area 3-8-99 305-244-5159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

192728-90045-15

C/Tr

addition

Betty Burney

1721B Josephine Street

Key West, FL 33040

Tr

addition

Kenny Rhaming

1213 14th Street

Key West, FL 33040