

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007235

FILED
Apr 21, 2005
Secretary of State

Entity Name: ST. JOHN CHURCH OF GOD IN CHRIST MINISTRIES, INC.

Current Principal Place of Business:

735 THOMAS LANE
COCOA, FL 32922

New Principal Place of Business:

285 LAKE VIEW BLVD
COCOA, FL 32926

Current Mailing Address:

285 LAKE VIEW BLVD
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3627885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, ADAM
4615 NICOLE AVE
COCOA, FL 32927 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: DUNN, ADAM
Address: 4615 NICOLE AVE
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: WYNN, JOHN
Address: 817 HOWARD ST.
City-St-Zip: ROCKLEDGE, FL 32955

Title: AT () Delete
Name: GLENN, AMOS
Address: 2527 STRATFORD DR.
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: THOMAS, LEON
Address: 3355 AMBERLY ST.
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: JONES, CAROLYN
Address: 1115 SANTA ROSA DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: WYNN, SIPPO
Address: 833 LEVITT PARKWAY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMOS GLENN

AT

04/21/2005

Electronic Signature of Signing Officer or Director

Date