2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005943

FILED Mar 30, 2009 Secretary of State

Entity Name: A. F. M. CHURCH OF GOD, INC.

	Principal Place of Business:	New Principal Place of Business:
	COGEE ROAD MENT, FL 32533	
Current M	Mailing Address:	New Mailing Address:
P O BOX S CANTONI	941 MENT, FL 32533	
FEI Number	:: 81-0624126 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	: Name and Address of New Registered Agent:
	DONICE COGEE ROAD MENT, FL 32533 US	
	e named entity submits this statement for eof Florida.	he purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Name: Address:	PD () Delete BROWN, DONICE 2265 WELCOME CIRCLE CANTONMENT, FL 32533	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BROWN, DONICE 2265 WELCOME CIRCLE	Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	BROWN, DONICE 2265 WELCOME CIRCLE CANTONMENT, FL 32533 VTD () Delete TOLBERT, T C 226 ELSTON AVENUE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Address: Address:	BROWN, DONICE 2265 WELCOME CIRCLE CANTONMENT, FL 32533 VTD () Delete TOLBERT, T C 226 ELSTON AVENUE ANNISTON, AL 36201 D () Delete TRUSS, JAMES P O BOX 86	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	BROWN, DONICE 2265 WELCOME CIRCLE CANTONMENT, FL 32533 VTD () Delete TOLBERT, T C 226 ELSTON AVENUE ANNISTON, AL 36201 D () Delete TRUSS, JAMES P O BOX 86 LINCOLN, AL 35096 D () Delete CRUM, JOHN 4236 JACKSON STREET	Name: Address: City-St-Zip: Title: () Change () Addition Name: 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 exemption stated in Chapter 119, 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: JOHNNY CUNNINGHAM BISH 03/30/2009