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Jun 03 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11058 (5)

1. Corporation Name
CHURCH OF GOD AND SAINTS OF CHRIST
TABERNACLE NO. 1 (ONE) OF THE
DISTRICT OF COLUMBIA INC.

Principal Place of Business
FIRST TABERNACLE
CHURCH OF GOD AND SAINTS OF CHRIST
3403 Stuart Street
Jacksonville, FL 32209

Mailing Address

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/08/86

4. FEI Number
NOT APPLICABLE
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EAVES, SAMUEL JOSEPH, I
3401 STUART STREET
JACKSONVILLE, FLORIDA 32209

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 607.0502 and 607.1005, 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. The 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 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if changing) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EAVES, Evelyn		12 NAME	
STREET ADDRESS	2259 Courtney Drive		13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32208		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LEGREE, Beverly		22 NAME	
STREET ADDRESS	2040 Wells Road #4H		23 STREET ADDRESS	
CITY-ST-ZIP	Orange Park, FL 32073		24 CITY-ST-ZIP	
TITLE	T/D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	EAVES, MARY A.		32 NAME	
STREET ADDRESS	3710 Stuart Street		33 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32209		34 CITY-ST-ZIP	
TITLE	S/D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	JONES, Abigail E.		42 NAME	
STREET ADDRESS	3416 Stuart Street		43 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32209		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	TURNER, Jewel E.		52 NAME	
STREET ADDRESS	862 Tammy Cove Drive		53 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32218		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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***61.25

14. I hereby certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added.

SIGNATURE: Samuel J. Eaves I 5/20/98 (904) 358-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)