

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)

NONPROFIT CORPORATION
 ANNUAL REPORT
1995



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

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # P36298 (8)
 1. Corporation Name
CHURCH OF GOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2490 KEITH STREET N.W. CLEVELAND TN 37311-1309

3. Date Incorporated or Qualified **11/14/1991** 3a. Date of Last Report **04/14/1994**
 4. FEI Number **59-0766968** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ANGERER, ROBERT J.
 6341 BLOUNTSTOWN HIGHWAY
 TALLAHASSEE FL 32304**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	WEST, R. LAMAR
STREET ADDRESS	2490 KEITH STREET N.W. CLEVELAND TN
CITY - ST - ZIP	
TITLE	VD
NAME	WHITE, ROBERT
STREET ADDRESS	2490 KEITH STREET N.W. CLEVELAND TN
CITY - ST - ZIP	
TITLE	STD
NAME	NICHOLS, JOHN D.
STREET ADDRESS	2490 KEITH STREET N.W. CLEVELAND TN
CITY - ST - ZIP	
TITLE	D
NAME	HUGHES, RAY H.
STREET ADDRESS	2490 KEITH STREET N.W. CLEVELAND TN
CITY - ST - ZIP	
TITLE	D
NAME	FISHER, ROBERT E.
STREET ADDRESS	2490 KEITH STREET N.W. CLEVELAND TN
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Walter Atkinson
13 STREET ADDRESS	same
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	G. Dennis McGuire
33 STREET ADDRESS	same
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

SIGNATURE: *Barbara Stentz* **Barbara Stentz, Treasurer** 7/10/95 813/620-3366
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E037 (3/95)