

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36298 (8)

1. Corporation Name
CHURCH OF GOD, INC.



Principal Place of Business 2490 KEITH STREET N.W. CLEVELAND TN 37311-1309	Mailing Address 2490 KEITH STREET N.W. CLEVELAND TN 37311-1309
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3. Date Incorporated or Qualified 11/14/1991	3a. Date of Last Report 07/20/1995
4. FEI Number 59-0766968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <i>3736 Cragmont Dr</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Tampa Florida</i>
Zip 24	Country 30 <i>USA</i>
Country 25	Zip 29 <i>33619</i>

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
85 Zip Code

FL

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ATKINSON, WALTER	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCGUIRE, G DENNIS	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, RAY H.	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, ROBERT E.	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 L. Henry* *Barbara L. Henry* **7/22/94** **813/620-3366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day:me Phone #

CR2E037 (3/96)