

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**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: **3736 CRAGMONT DRIVE TAMPA FL 33619-1384 US**

3. Date Incorporated or Qualified: **11/14/1991**  
3a. Date of Last Report: **07/31/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0766968</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ANGERER, ROBERT J. 6341 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PCD</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>ATKINSON, WALTER</b>			1.2 NAME	<b>Paul Walker</b>		
STREET ADDRESS	<b>2490 KEITH STREET N.W.</b>			1.3 STREET ADDRESS	<b>2490 Keith Street, NW</b>		
CITY-ST-ZIP	<b>CLEVELAND TN</b>			1.4 CITY-ST-ZIP	<b>Cleveland TN 37320</b>		
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MCGUIRE, G DENNIS</b>			2.2 NAME	<b>Dennis McGuire</b>		
STREET ADDRESS	<b>2490 KEITH STREET N.W.</b>			2.3 STREET ADDRESS	<b>2490 Keith Street NW</b>		
CITY-ST-ZIP	<b>CLEVELAND TN</b>			2.4 CITY-ST-ZIP	<b>Cleveland TN 37320</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>HUGHES, RAY H.</b>			3.2 NAME	<b>R. Lamar Vest</b>		
STREET ADDRESS	<b>2490 KEITH STREET N.W.</b>			3.3 STREET ADDRESS	<b>2490 Keith Street NW</b>		
CITY-ST-ZIP	<b>CLEVELAND TN</b>			3.4 CITY-ST-ZIP	<b>Cleveland TN 37320</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>FISHER, ROBERT E.</b>			4.2 NAME	<b>T.L. Lowery</b>		
STREET ADDRESS	<b>2490 KEITH STREET N.W.</b>			4.3 STREET ADDRESS	<b>2490 Keith Street NW</b>		
CITY-ST-ZIP	<b>CLEVELAND TN</b>			4.4 CITY-ST-ZIP	<b>Cleveland TN 37320</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	<b>Bill F. Sheeks</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>2490 Keith Street NW</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>Cleveland TN 37320</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, State Treasurer 2/20/97 813/620-3366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0048524**

CR2E037 (9/96)