

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 59-0766968		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
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			
ANGERER, ROBERT J. 6341 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 signature required when reinstating) DATE _____

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