


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

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36298 (8)**  
 1. Corporation Name  
**CHURCH OF GOD, INC.**



Principal Place of Business <b>2490 KEITH STREET N.W. CLEVELAND TN 37311-1309</b>	Mailing Address <b>3736 CRAGMONT DRIVE TAMPA FL 33619 US</b>
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3. Date Incorporated or Qualified  
**11/14/1991**

4. FEI Number  
**59-0766968**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 26
City & State 23	City & State 27
Zip 24	Country 25
	Zip 29
	Country 30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

**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	<b>FL</b> 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL WALKER</b>	1.2 NAME	
STREET ADDRESS	<b>2490 KEITH ST, NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND TN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENNIS MCGUIRE</b>	2.2 NAME	
STREET ADDRESS	<b>2490 KEITH ST NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>R LAMAR VEST</b>	3.2 NAME	
STREET ADDRESS	<b>2490 KEITH STREET N.W.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TL LOWERY</b>	4.2 NAME	
STREET ADDRESS	<b>2490 KEITH STREET N.W.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND TN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILL F SHEEKS</b>	5.2 NAME	
STREET ADDRESS	<b>2490 KEITH ST NW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND TN</b>	5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Burton Stentz* **SIGNATURE REQUIRED** *Stentz 1/13/98 813/620-3366*

CR2E037 (10/97)