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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P36298

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90110 047 ****70.00

| 1. Corporation Name | | | | | | | | |
|--|---|--|-------------|------------------------------|----------------------------------|--|------------------------------------|--------------|
| CHURCH OF GOD, INC. | | | | Ŋ, | | * 8 ₈₅₂ 39 · 90110 · 47 ~ | | |
| | | | | 3 e.g. M | | 85239 - 90110 - 47 | | |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 2490 KEITH STREET N.W. 3736 CRAGMONT DRIVE | | | | | | i | | |
| CLEVELAND TN 37311-1309 TAMPA FL 33619 | | | | | | | | |
| US | | | | | | | TOTAL MINISTERNATION OF THE STREET | I) |
| | | | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | Date Incorporated or Qualifed | | |
| 2. Principal Place of Business | | —————————————————————————————————————— | | | 11/14/1991 | | | |
| 21 Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Apr | olied For | | |
| 1 | | | | | | 59-0766968 | | Applicable |
| City & State | | City & State | | | | \$8.75 A | | |
| 23 | | 28 | | | 5. Certificate of Status Desired | Fee Rec | quired | |
| Zin | Zip Country Zip | | Zip Country | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 24 | 25 | 29 30 | | | | Trust Fund Contribution | Added to | Fees |
| | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Regist | ered Agent | |
| | | | 81 | Name | | | | |
| ANGERER, ROBERT J. | | | 82 | Street A | Addres | ress (P.O. Box Number is Not Acceptable) | | |
| 6341 BLOUNTSTOWN HIGHWAY | | | *- | | | ess (F.O. Box Number is not Acceptable) | | |
| TALLAHASSEE FL 32304 | | | 83 | | | | | |
| TALEATIAGOLE TE 02007 | | | 84 | City | | | 85 Zip C | Code |
| | | | [] | FL 1 | | | | |
| 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 register office or registered agent, or both, in the State of Florida, Such change of the corporation's board of directors. I hereby accept the appointment as registered | | | | | | | | registered |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign | | | | | equired v | when reinstating) DA ADDITIONS/CHANGES TO OFFICEF | TE AND DIRECTO | DC IN 12 |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO OFFICE | Change | Addition |
| TITLE | P | ☐ DÉLETE | 1.1 TITLE | | | | ☐ Change | ☐ Addition [|
| NAME | PAUL WALKER | | 1.2 NAME | | | | | |
| STREET ADDRESS | 2490 KEITH ST, NW | | 1.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | CLEVELAND TN | | 1.4 CITY-S | T-ZIP | | | ☐ Change | Addition |
| TITLE | D | ☐ DELETE | 2,1 TITLE | | | | | LJ Addressii |
| NAME | DENNIS MCGUIRE | | 2.2 NAME | | | • | | |
| STREET ADDRESS | 2490 KEITH ST NW | | 2.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | CLEVELAND TN | | 2.4 CITY-S | ST-ZIP | | | Change | Addition |
| TITLE | V | ☐ DELETE | 3.1 TITLE | | | _ | Change | [] WOODON |
| NAME | R LAMAR VEST | | 3.2 NAME | | | . where the same of the same o | | |
| STREET ADDRESS | 2490 KEITH STREET N.W. | | 3.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | CLEVELAND TN | | 3.4. CITY-5 | ST-ZIP | | | Change | Addition |
| TITLE | D | ☐ DELETE | 4,1 TITLE | | | | [] Change | |
| NAME | TL LOWERY | | 4. 2 NAME | | | | | • |
| STREET ADDRESS | 2490 KEITH STREET N.W. | | | TADORESS | | | | |
| CITY-ST-ZIP | CLEVELAND TN | | 4.4 CITY-S | T-ZIP | | | ☐ Change | Addition |
| TITLE | ST | ☐ DELETÉ | 5.1 TITLE | | | | | |
| NAME | BILL F SHEEKS | | 5.2 NAME | | | | | 1 |
| STREET ADDRESS | 2490 KEITH ST NW | | | T ADDRESS | | | | 1 |
| CITY-ST-ZIP | CLEVELAND TN | EVECAND III | | 5.4 CiTY+ST-ZIP 6.1 TITLE | | | ☐ Change | Addition |
| TITLE | | | | | | | Понанде | |
| NAME | | 6.2 NAME | | | | | | |
| STREET ADDRESS | [] | | 6.3 STREE | TADORESS | | | | |

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)(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, with all other like empowered.

6.4 CITY-ST-ZIP