

P36298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

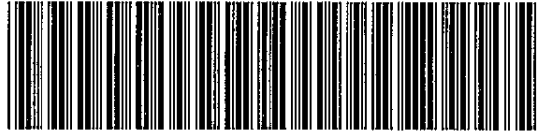
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Call when ready
576-5982*

Office Use Only



700027483517

*Resignation
of
RA*

F 01/28/04--01028--001 **87.50

RECEIVED
04 JAN 28 AM 8:42
DEPT. OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

[Signature]
FILED
04 JAN 28 AM 9:17
DEPT. OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Church of God, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P36298

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert J. Angerer

(Name of Person)

Angerer & Angerer

(Name of Firm/Company)

P.O. Box 10468

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J. Angerer at (850) 576-5982

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
04 JAN 8 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, ~~or 617.1509~~,
Florida Statutes, the undersigned, Robert J. Angerer
(Name of Registered Agent)

hereby resigns as Registered Agent for Church of God, Inc.
(Name of Corporation)

P36298
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314