

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90147 030 ****70.00

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DOCUMENT # P36298

1. Entity 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
US**

10041921



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0766968**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGERER, ROBERT J.
6341 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DENNIS MCGUIRE	
STREET ADDRESS	2490 KEITH ST NW	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	P	<input type="checkbox"/> Delete
NAME	R LAMAR VEST	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	TL LOWERY	
STREET ADDRESS	2490 KEITH STREET N.W.	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILL F SHEEKS	
STREET ADDRESS	2490 KEITH ST NW	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, GENE D	
STREET ADDRESS	2490 KEITH ST NW	
CITY-ST-ZIP	CLEVELAND TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orville Hagan	
STREET ADDRESS	2490 Keith St. NW	
CITY-ST-ZIP	Cleveland, TN 37320	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Barbara Stente **REQUIRED** *Barbara Stente*

3/8/03

813/620-3366

CR2E037 (10/02)