2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2007
Secretary of State

DOCUMENT# N95000002830

Entity Name: SPRINGFIELD TRUE CHURCH OF GOD INC.

Current Principal Place of Business:

49 W. 16TH ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

49 W. 16TH ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3248907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, MICHAEL BISHOP
306 FAWNRIDGE LN
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JAMES, MICHAEL SR
Address: 306 FAWNRIDGE LN
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete
Name: MONTGOMERY, WILLIAM
Address: 3435 KINGSTON ST
City-St-Zip: JAX, FL 32205

Title: T ( ) Delete
Name: BAKER, OTIS
Address: 3309 PHYLLIS STREET
City-St-Zip: JAX, FL 32205

Title: T ( ) Delete
Name: OLIVER, DARIAN
Address: 8466 PERKINS COURT
City-St-Zip: JAX, FL 32210

Title: D ( ) Delete
Name: BROWN, CHARLES
Address: 7844 GREGORY DRIVE
City-St-Zip: JAX, FL 32210

Title: D ( ) Delete
Name: WRIGHT, JOHNNI M.
Address: 222 SILVER CREEK CT #9
City-St-Zip: JAX, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JAMES P 06/09/2007

Electronic Signature of Signing Officer or Director — Date