

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000002830 (6)

1. Corporation Name

SPRINGFIELD TRUE CHURCH OF GOD INC.



Principal Place of Business

49 W. 16TH ST.
JACKSONVILLE FL 32206

Mailing Address

49 W. 16TH ST.
JACKSONVILLE FL 32206

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

4. FEI Number

59-3248967

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

JAMES, ELDER MICHAEL SR.
3258 DILLON ST.
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and State of Florida

NOTE: Registered Agent signature required when re-stating

DATE

12. OFFICERS AND DIRECTORS

TITLE PASTOR
NAME Elder Michael James, Sr.
STREET ADDRESS 3258 Dillon Street
CITY-ST-ZIP Jax., FL 32205

TITLE Asst. Pastor (T)
NAME Rev. Robert Thomas
STREET ADDRESS 2979 Wickwork Street, Jax., FL 32254
CITY-ST-ZIP Church Clerk (T)

TITLE Dec. Otis Baker
NAME
STREET ADDRESS 3309 Phyllis Street
CITY-ST-ZIP Jax., FL 32205

TITLE Board Member (T)
NAME Dec. Darian Oliver
STREET ADDRESS 8466 Perkins Court
CITY-ST-ZIP Jax., FL 32210

TITLE Board Member
NAME Min. Marvin Warrack
STREET ADDRESS 2032 Delray Ave.
CITY-ST-ZIP Jax., FL 32210

TITLE Board Member
NAME Min. Cyril Thompson
STREET ADDRESS 1760 Lauder Ave
CITY-ST-ZIP Jax., FL 32218

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

4000001890284

-07/11/96--01009--001

***70.00

1-27-96

387-5748

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bishop Michael James Sr.

Date

Daytime Phone #

CR2E037 (12/95)