


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002830 (6)**

1. Corporation Name

**SPRINGFIELD TRUE CHURCH OF GOD INC.**



Principal Place of Business <b>49 W. 16TH ST. JACKSONVILLE FL 32206</b>	Mailing Address <b>49 W. 16TH ST. JACKSONVILLE FL 32206</b>
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3. Date Incorporated or Qualified <b>06/12/1995</b>
4. FEI Number <b>59-3248907</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, SR., MICHAEL</b>	
STREET ADDRESS	<b>3258 DILLON STREET</b>	
CITY-ST-ZIP	<b>JAX FL 32205</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, REV. ROBERT</b>	
STREET ADDRESS	<b>2979 WICKWORK STREET</b>	
CITY-ST-ZIP	<b>JAX FL 32254</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, OTIS</b>	
STREET ADDRESS	<b>3309 PHYLLIS STREET</b>	
CITY-ST-ZIP	<b>JAX FL 32205</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>OLIVER, DARIAN</b>	
STREET ADDRESS	<b>8466 PERKINS COURT</b>	
CITY-ST-ZIP	<b>JAX FL 32210</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARRACK, MARVIN</b>	
STREET ADDRESS	<b>2032 DELRAY AVE</b>	
CITY-ST-ZIP	<b>JAX FL 32210</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, CYRIL</b>	
STREET ADDRESS	<b>1760 LAUDER AVE</b>	
CITY-ST-ZIP	<b>JAX FL 32218</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>William Mon Tgoomey</b>
2.3 STREET ADDRESS	<b>3435 KINGSTON ST.</b>
2.4 CITY-ST-ZIP	<b>Jax FL 32205</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Charles Brown</b>
5.3 STREET ADDRESS	<b>2525 Lamee Lane</b>
5.4 CITY-ST-ZIP	<b>Jax FL</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Johnni M. Wright</b>
6.3 STREET ADDRESS	<b>222 Silver Creek Ct</b>
6.4 CITY-ST-ZIP	<b>Jax FL 32216</b>

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.

SIGNATURE: *Otis Baker*

3-20-98

389-5066

CR2037 (10/97)