

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 11:20

DOCUMENT # **739739** (1)  
1. Corporation Name

**FIRST CHURCH OF GOD OF MIDDLEBURG, INC.**

Principal Place of Business: **3965 OLD JENNINGS ROAD, MIDDLEBURG FL 32068**  
Mailing Address: **PO BOX 2049, MIDDLEBURG FL 32050-2049, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/27/1977</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2155034</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent  
**MCLAIN, JESSE  
3965 OLD JENNINGS RD.  
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUGH, TOM	1.2 NAME	
STREET ADDRESS	3090 JOE JOHNS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIERS, KAREN	2.2 NAME	
STREET ADDRESS	3086 JOE JOHNS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, RHODA	3.2 NAME	
STREET ADDRESS	4013 OLD JENNINGS RD.	3.3 STREET ADDRESS	<b>SD Carol Middleton</b>
CITY-ST-ZIP	MIDDLEBURG FL 32068	3.4 CITY-ST-ZIP	<b>3086 Joe Johns Rd</b>
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAIN, JESSE	4.2 NAME	
STREET ADDRESS	3965 OLD JENNINGS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Karen Hiers **Karen Hiers** 2/13/95  
(Date) (Signature / Name #)