


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90083 042 ****61.25

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|---|--|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 707341 | | | | | |
| 1. Corporation Name FIRST COMMUNITY CHURCH INC | | | | | |
| Principal Place of Business 4425 E RD 540-A LAKELAND FL 33813 US | | | Mailing Address P O BOX 1446 HIGHLAND CITY FL 33846 US | | |

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| | | | | | |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 05/25/1964 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1701338 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ANDREWS, T. J. 4135 ST RD 540A LAKELAND FL 33813 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | Lakeland FL 33813 | | | |

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 agent 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 Ronnie Warren **RONNIE WARREN CHAIRMAN** 2-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|----------------------|--|--|---|-------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROBERTS, JAMES | | | 1.2 NAME | Ronnie Warren | | |
| STREET ADDRESS | 6015 STRICKLAND AVE. | | | 1.3 STREET ADDRESS | 4524 Clubhouse Rd. | | |
| CITY-ST-ZIP | LAKELAND, FL 00000 | | | 1.4 CITY-ST-ZIP | Lakeland, FL 33813 | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REYNOLDS, MELVINA | | | 2.2 NAME | Everett Childers | | |
| STREET ADDRESS | 5808 YARBOROUGH LN | | | 2.3 STREET ADDRESS | 1350 N. Mill Avenue | | |
| CITY-ST-ZIP | LAKELAND FL | | | 2.4 CITY-ST-ZIP | Bartow, Florida 33830 | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANDREWS, T.J. | | | 3.2 NAME | Carol Warren | | |
| STREET ADDRESS | 4135 ST RD 540A | | | 3.3 STREET ADDRESS | 4524 Clubhouse Rd. | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | | | 3.4 CITY-ST-ZIP | Lakeland, Florida 33813 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PIVK, ALMA | | | 4.2 NAME | | | |
| STREET ADDRESS | 520 E. CARTER RD. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKELAND, FL 00000 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 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 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, with all other like empowered.

SIGNATURE: Ronnie Warren **SIGNATURE REQUIRED** 2-22-99 (941)646-0791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-111981