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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707341

Corporation Name

FIRST COMMUNITY CHURCH INC

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

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

281871 - 90083 - 42

Principal Place of Business Mailing Address									
4425 E RD 540	P O BOX 1446			1 1	I ro nia P er ia Pr in II ron (India)			e n bibli 1881	
LAKELAND FL 33813		HIGHLAND CITY FL 33846			1 1				
US		US			1:	\$ 00 55 2 00 16 00111 10600 12113 01	99 1 (1 0) B) 9 11 9 13		811 81811 1881
					2 Data	Incorporated or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address			I	25/1964	,		
21	 -	26			4. FEI N		_	TAF	plied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	1701338		_ 	ot Applicable
22		27	· ·			1701000		\$8.75	
City & State	ė	City & State			5. Certif	cate of Status Desired		Fee Re	
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—, ^{Zip}	Country	Zip	4	у	1	ion Campaign Financing Fund Contribution			May Be to Fees
24	25]	29 30	Ц			e and Address of New	Registered		10 1 663
	9. Name and Address of Current	Registered Agent		1 Name	10. [42(1)	e and Address of New	registeres	- gont	
			- ا		Ronnie				
ANDREWS		82 Str				x Number is Not Accep			. {
4135 ST F	RD 540A		_		<u>4524 CI</u>	<u>ubhouse Ro</u>	<u>ad</u>		
LAKELANI	D FL 33813		8	3					ì
			8	4 City				85 Zip	Code
•					<u>Lakelan</u>	<u>id</u>	<u>FL</u>		313
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617.1508, Florida Statutes,	the abo	ve-named c	orporation subm	nits this statement for the	e purpose of	changing its	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	ions of, Section 617.0503, Florida	Statute	s.	addir's board of	directors. Thereby door	opt and appo		, g. 0. 0. 0 0
					IRMAN		2-22	- 99	
			gistered Ag	ent signature rec	uired when reinstatin	•	DATE		
			40			TONG/CHANGES TO O	FEICERS AN	ID DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDIT	TONS/CHANGES TO O	FFICERS AN		
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12.	VD ROBERTS, JAMES	DIRECTORS	1.1 TITLE 1.2 NAME	:	PD- (Ronnie	Warren			
12.	VD ROBERTS, JAMES 6015 STRICKLAND AVE.	DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STRE	ET ADORESS	PD Ronnie	Warren	d.		
12. TITLE NAME	VD ROBERTS, JAMES	D DIRECTORS XMPELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ET ADORESS ST-ZIP	PD- Ronnie 4524 C Lakela	Warren Llubhouse R		X Change⋅	☐ Addition
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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: Ra

ROTTE TO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

(941)646-0791