

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90042 009 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                                        |                                                                                                                                                                                                                   |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>DOCUMENT # 709683</b><br>1. Entity Name<br><b>FIRST CHURCH OF GOD, INC., TITUSVILLE, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                     |                                                                        |                                                                                                                                  |                                                             |
| Principal Place of Business<br><b>77 N. CARPENTER RD.<br/>TITUSVILLE, FL 32796</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                     | Mailing Address<br><b>77 N. CARPENTER RD.<br/>TITUSVILLE, FL 32796</b> |                                                                                                                                                                                                                   |                                                             |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | 3. Mailing Address                                                                  |                                                                        |                                                                                                                                                                                                                   |                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Suite, Apt. #, etc.                                                                 |                                                                        |                                                                                                                                                                                                                   |                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | City & State                                                                        |                                                                        |                                                                                                                                                                                                                   |                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                | Zip                                                                                 | Country                                                                | 4. FEI Number<br><b>59-1606967</b>                                                                                                                                                                                |                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                     |                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                            |                                                             |
| 6. Name and Address of Current Registered Agent<br><br><b>RATCLIFF, SHIRLEY J<br/>2585 SHADY OAKS DR<br/>TITUSVILLE, FL 32796</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                     |                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Keith O. Kiser</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2650 Glendale Blvd.</b><br>City <b>Mims</b> <b>FL</b> Zip Code <b>32754</b> |                                                             |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Keith Kiser</u> <b>Keith Kiser</b> <span style="float: right;">04/05/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                |                                                                        |                                                                                     |                                                                        |                                                                                                                                                                                                                   |                                                             |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                        | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                            |                                                             |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                     |                                                                        |                                                                                                                                                                                                                   |                                                             |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |                                                                                                                                                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>PHILIPS, JANE<br>3967 TANGLE DR<br>TITUSVILLE, FL 32796          | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                    | Jane Philips<br>3967 Tangle Dr.<br>Titusville, FL 32796     |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                        |                                                                                                                                                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HELSEL, MARILYN<br>1505 PUTTER CT<br>TITUSVILLE, FL 32780         | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                    | D<br>Janet DeBoord<br>3551 Old Dixie Hwy.<br>Mims, FL 32754 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                        |                                                                                                                                                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HOLLETT, GLEN<br>8273 ROANNE DR<br>ORLANDO, FL 32817              | <input checked="" type="checkbox"/> Delete                                          |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                    | D<br>Janet DeBoord<br>3551 Old Dixie Hwy.<br>Mims, FL 32754 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                        |                                                                                                                                                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>EDWARDS, RUDY<br>3510 GRANTLINE RD<br>MIMS, FL 32754              | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                    | D<br>Keith Kiser<br>2650 Glendale Blvd.<br>Mims, FL 32754   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                        |                                                                                                                                                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>RATCLIFF, SHIRLEY<br>2585 SHADY OAKS DR.<br>TITUSVILLE, FL 32796 | <input checked="" type="checkbox"/> Delete                                          |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                    | VD<br>Keith Kiser<br>2650 Glendale Blvd.<br>Mims, FL 32754  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                        |                                                                                                                                                                                                                   |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>KISER, KATHIE<br>2590 US 1<br>MIMS, FL 32754                      | <input type="checkbox"/> Delete                                                     |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                    | S<br>Kathie Kiser<br>2650 Glendale Blvd.<br>Mims, FL 32754  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                        |                                                                                                                                                                                                                   |                                                             |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                        |                                                                                     |                                                                        |                                                                                                                                                                                                                   |                                                             |
| <b>SIGNATURE:</b> <u>Keith Kiser</u> <b>KEITH KISER</b> <span style="float: right;">4/5/07 321268-2315</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                     |                                                                        |                                                                                                                                                                                                                   |                                                             |

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