

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **711459** (8)  
1. Corporation Name  
**FIRST CHURCH OF GOD FORT LAUDERDALE, INC.**



Principal Place of Business: **1242 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311**  
Mailing Address: **1242 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified: **09/09/1966**  
3a. Date of Last Report: **07/31/1995**  
4. FEI Number: **59-2174094**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
City & State: **27**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**COODY, BRENDA  
1028 SW 149 TERR  
SUNRISE 33326**

10. Name and Address of New Registered Agent  
81 Name: **PATRICIA A. STRAIN**  
82 Street Address (P.O. Box Number is Not Acceptable): **1745 SW EAST TERRACE**  
83 City: **DAVIE**  
84 City: **DAVIE** FL 85 Zip Code: **33324**

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: *Patty Strain* (Signature typed or printed name of registered agent and if applicable) **PATTY STRAIN/SECRETARY** (NOTE: Registered Agent signature required when reinstating) **5/21/96** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLIGOSS, JACK, REV.</b>	
STREET ADDRESS	<b>3046 S. OAKLAND FOREST DR.</b>	
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STRAIN, PATTY</b>	
STREET ADDRESS	<b>1745 S.W. 81 TERRACE</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STRAIN, LARRY</b>	
STREET ADDRESS	<b>1745 S.W. 81 TERRACE</b>	
CITY - ST - ZIP	<b>DAVIE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>COODY, JONATHAN</b>	
STREET ADDRESS	<b>1028 SW 149 TERR</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SEELEY, SCOTT</b>	
STREET ADDRESS	<b>11143 MOHAWK STREET</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COODY, BRENDA</b>	
STREET ADDRESS	<b>1028 SW 149 TERR</b>	
CITY - ST - ZIP	<b>SUNRISE FL</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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Thomas Briscofield</b>
2.3 STREET ADDRESS	<b>311 SW 11th Court</b>
2.4 CITY - ST - ZIP	<b>Fort Lauderdale FL 33345</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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>400001843674</b>
5.3 STREET ADDRESS	<b>-05/30/96--01008--026</b>
5.4 CITY - ST - ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>S</b> <b>PATRICIA A STRAIN</b>
6.3 STREET ADDRESS	<b>1745 SW. EAST TERRACE</b>
6.4 CITY - ST - ZIP	<b>DAVIE, FL 33324</b>

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 119.07(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: *Patty Strain* **Patty Strain** **4/16/96** (454) 475-6783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)