


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **711459** (8)

1. Corporation Name

FIRST CHURCH OF GOD FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

1242 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33311

1242 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33311



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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/09/1966

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

STRAIN, PATRICIA A.  
1745 SW 81ST TERRACE  
DAVE FL 33324

81 Name

YOUNG, FRANKIE MAE

82 Street Address (P.O. Box Number is Not Acceptable)

2643 N.W. 9 Ave #2

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33311

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

*Frankie Mae Young*  
Signature, typed or printed name of registered agent and file if applicable.

*Sandra B. Morham*  
(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME HILLIGOSS, JACK, REV.  
STREET ADDRESS 3046 S. OAKLAND FOREST DR.  
CITY-ST-ZIP OAKLAND PARK FL

TITLE ☐ DELETE

S  
NAME STRAIN, PATTY  
STREET ADDRESS 1745 S.W. 81 TERRACE  
CITY-ST-ZIP DAVE FL 33324

TITLE ☐ DELETE

T  
NAME STRAIN, LARRY  
STREET ADDRESS 1745 S.W. 81 TERRACE  
CITY-ST-ZIP DAVE FL

TITLE ☐ DELETE

VD  
NAME COODY, JONATHAN  
STREET ADDRESS 1028 SW 149 TERR  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

D  
NAME BRINCEFIELD, THOMAS  
STREET ADDRESS 311 SW 11TH TERRACE  
CITY-ST-ZIP FT. LAUDERDALE FL 33325

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

C  
NAME DAVIDSON, MILTON, REV.  
STREET ADDRESS 7910 S.W. 9th.  
CITY-ST-ZIP N. LAUDERDALE, FL 33068

2.1 TITLE ☒ Change ☐ Addition

S  
NAME YOUNG, FRANKIE MAE  
STREET ADDRESS 2643 N.W. 9 Ave #2  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

3.1 TITLE ☒ Change ☐ Addition

T  
NAME JACO, LISA  
STREET ADDRESS 1791 N.E. 17 ST  
CITY-ST-ZIP FT. LAUDERDALE, FL 33305

4.1 TITLE ☒ Change ☐ Addition

VD  
NAME HAIRE, RON  
STREET ADDRESS 2310 N.W. 60 AVE.  
CITY-ST-ZIP SUNRISE, FL 33313

5.1 TITLE ☒ Change ☐ Addition

D  
NAME COODY, JONATHAN  
STREET ADDRESS 1028 S.W. 149 TERR  
CITY-ST-ZIP SUNRISE, FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *Lisa Jaco* LISA JACO

3-11-98 954-785-6400

CP2E037 (10/97)