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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711459

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/09/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2174094

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, FRANKIE MAE
2643 NW 9TH AVE #2
FT. LAUDERDALE FL 33311

81 Name Rosemary Manners

82 Street Address (P.O. Box Number is Not Acceptable)
909 NE 8th Ct

83

84 City Pompano Beach FL 85 Zip Code 33060

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 Rosemary Manners

Rosemary Manners

2-14-99

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 C DELETE
NAME DAVIDSON, MILTON R
STREET ADDRESS 7910 SW 9TH STREET
CITY-ST-ZIP N. LAUDERDALE FL 33068

1.1 TITLE G/D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S DELETE
NAME YOUNG, FRANKIE MAE
STREET ADDRESS 2643 NW 9TH AVE #2
CITY-ST-ZIP FT. LAUDERDALE FL 33311

2.1 TITLE S/D Change Addition
2.2 NAME Rosemary Manners
2.3 STREET ADDRESS 909 NE 8th Ct
2.4 CITY-ST-ZIP Pompano Beach, FL 33060

TITLE T DELETE
NAME JACO, LISA
STREET ADDRESS 1791 NE 17TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33305

3.1 TITLE T/D Change Addition
3.2 NAME SANDRA RAMDIAL
3.3 STREET ADDRESS 8941 NW 2th St
3.4 CITY-ST-ZIP SUNRISE, FL 33322

TITLE VD DELETE
NAME HAIRE, RON
STREET ADDRESS 2310 NW 60TH AVE
CITY-ST-ZIP SUNRISE FL 33313

4.1 TITLE V/D Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME COODY, JONATHAN
STREET ADDRESS 1028 SW 149TH TERRACE
CITY-ST-ZIP SUNRISE FL 33325

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/99 954 764 0429

Date

Daytime/Phone #

CR2E037 (11/98)