


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 717774 (4)
1. Corporation Name
FIRST CHURCH OF GOD OF PLANT CITY, INC.



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|---|--|
| Principal Place of Business 601 NORTH GORDON STREET PLANT CITY FL 33586 | Mailing Address 601 NORTH GORDON STREET PLANT CITY FL 33586-3713 |
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|--|--|
| 3. Date Incorporated or Qualified 12/22/1969 | 3a. Date of Last Report 04/15/1996 |
|--|--|

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|---|---|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

| | |
|--|--|
| 4. FEI Number 59-2162545 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**DIXON, JOYCE
6103 YATES RD
LAKELAND FL 33811**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name LINDA FREDERICK |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2119 SYDNEY-DOVER RD |
| 83 |
| 84 City DOVER |
| 85 Zip Code FL 33527 |

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 *Sandra B. Frederick* DATE **4/15/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|-------------------------|--|
| TITLE | CD | |
| NAME | KOCH, EDMUND L. | |
| STREET ADDRESS | 707 N GORDON ST | |
| CITY-ST-ZIP | PLANT CITY FL | |
| TITLE | TD | |
| NAME | BOAN, LINDA | |
| STREET ADDRESS | 5554 17TH STREET | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | |
| TITLE | VSD | <input checked="" type="checkbox"/> DELETE |
| NAME | DIXON, JOYCE | |
| STREET ADDRESS | 6103 YATES RD. | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-----------------------------|--|--|
| 1.1 TITLE | P | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | T | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | LINDA FREDERICK | | |
| 3.3 STREET ADDRESS | 2119 SYDNEY-DOVER RD | | |
| 3.4 CITY-ST-ZIP | DOVER, FL 33527 | | |
| 4.1 TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | TIM BEACHY | | |
| 4.3 STREET ADDRESS | 3806 TIMBERLAKE RD | | |
| 4.4 CITY-ST-ZIP | LAKELAND, FL 33809 | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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.

CF2E037 (9/96)