

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717774

**FILED**  
**May 11, 2004**  
**Secretary of State**

**Entity Name:** FIRST CHURCH OF GOD OF PLANT CITY, INC.

**Current Principal Place of Business:**

601 NORTH GORDON STREET  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

601 NORTH GORDON STREET  
PLANT CITY, FL 33566

**New Mailing Address:**

**FEI Number:** 59-2162545      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREDERICK, LINDA  
2119 SYDNEY-DOVER RD  
DOVER, FL 33527    US

**Name and Address of New Registered Agent:**

HICKS, LAURA  
2906 E SPARKMAN RD  
PLANT CITY, FL 33566    US

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.

SIGNATURE: EDMUND L KOCH      05/11/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KOCH, EDMUND L.,  
Address: 707 N GORDON ST  
City-St-Zip: PLANT CITY, FL

Title: T      ( ) Delete  
Name: NELL LAFEVER,  
Address: 103 W. MAHONEY ST.  
City-St-Zip: PLANT CITY, FL 33566

Title: SD      ( ) Delete  
Name: FREDERICK, LINDA  
Address: 2119 SYDNEY-DOVER RD  
City-St-Zip: DOVER, FL

Title: VD      ( ) Delete  
Name: ROUSE, RIC  
Address: 901 HAGGARD RD.  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: HICKS, LAURA  
Address: 2906 E SPARKMAN RD  
City-St-Zip: PLANT CITY, FL 33566

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND L KOCH      P      05/11/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date