


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90049 007 \*\*\*\*70.00

|  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <b>DOCUMENT # 717774</b>   |                      |  |   |  |  |
| 1. Entity Name<br>FIRST CHURCH OF GOD OF PLANT CITY, INC.  |                      |  |   |   |  |
| Principal Place of Business<br>601 NORTH GORDON STREET<br>PLANT CITY, FL 33563   |                      |  | Mailing Address<br>POB 4125 <i>4135</i><br>PLANT CITY, FL 33566 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                      |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |                      |  | Suite, Apt. #, etc.   |   |  |
| City & State   |                      |  | City & State  |   |  |
| Zip  |                      | Country  | Zip   |   | Country  |
| 6. Name and Address of Current Registered Agent  |                      |  |   | 7. Name and Address of New Registered Agent                                       |  |
| LAFEVER, NELL<br>103 W MAHONEY ST 110<br>PLANT CITY, FL 33563  |                      |  |   | Name  |  |
|  |                      |  |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |                      |  |   | City  | FL   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                      |  |   |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                      |  |   |   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2007</b>  |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  | <b>Make check payable to Florida Department of State</b> |
| 10. OFFICERS AND DIRECTORS   |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |   |  |
| TITLE  | P                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                        |
| NAME   | HAUSMAN, GARY        |  | NAME  |   |  |
| STREET ADDRESS   | 8016 LAKESHORE DR    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | ELLENTON, FL 34222   |  | CITY-ST-ZIP   |   |  |
| TITLE  | T                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                        |
| NAME   | LAFEVER, NELL        |  | NAME  |   |  |
| STREET ADDRESS   | 103 W MAHONEY 110    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | PLANT CITY, FL 33563 |  | CITY-ST-ZIP   |   |  |
| TITLE  | VD                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                        |
| NAME   | OLSON, RICHARD       |  | NAME  |   |  |
| STREET ADDRESS   | 506 MORRAL DR E      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | PLANT CITY, FL 33563 |  | CITY-ST-ZIP   |   |  |
| TITLE  | D                    | <input checked="" type="checkbox"/> Delete                                       | TITLE   | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition             |
| NAME   | ROUSE, RIC           |  | NAME  | <i>Frederick, Lawrence II</i>   |  |
| STREET ADDRESS   | 901 HAGGAR D         |  | STREET ADDRESS  | <i>2119 Sydney-Dover Rd</i>   |  |
| CITY-ST-ZIP  | PLANT CITY, FL 33567 |  | CITY-ST-ZIP   | <i>Dover, FL 33527</i>  |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                        |
| NAME   |                      |  | NAME  |   |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP   |   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition                        |
| NAME   |                      |  | NAME  |   |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                      |  |   |   |  |
| SIGNATURE: <i>Nell Lafever</i>   |                      | Date: <i>4-18-07</i>   |   | Daytime Phone #: <i>813-719-7454</i>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                      | <small>Date</small>  |   | <small>Daytime Phone #</small>  |  |