2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717774

FILED Apr 29, 2008 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	H GORDON S ГҮ, FL 33563	TREET				
Current Mailing Address:			New Mailii	New Mailing Address:		
POB 4135 PLANT CIT	ΓY, FL 33566					
FEI Number:	59-2162545	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
	NELL HONEY ST 110 FY, FL 33563	US				
	named entity s of Florida.	ubmits this statement for the p	urpose of changing it	s registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () HAUSMAN, GAR 8016 LAKESHO ELLENTON, FL	RE DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	T ()	Delete	Title:	() Change () Addition		
Name: Address:	T () LAFEVER, NELI 103 W MAHONE PLANT CITY, FL	- EY 110	Name: Address: City-St-Zip:	() Change () Addition		
Name: Address: City-St-Zip: Title: Name: Address:	LAFEVER, NELI 103 W MAHONE PLANT CITY, FL	- EY 110 . 33563 Delete RD R E	Name: Address:	() Change () Addition		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	LAFEVER, NELI 103 W MAHONE PLANT CITY, FL VD () OLSON, RICHAI 506 MORRAL D PLANT CITY, FL	EY 110 . 33563 Delete RD R E . 33563 Delete AWRENCE DOVER RD	Name: Address: City-St-Zip: Title: Name: Address:			
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	LAFEVER, NELI 103 W MAHONE PLANT CITY, FL VD () OLSON, RICHAI 506 MORRAL D PLANT CITY, FL D () FREDERICK, LA 2119 SYDNEY I DOVER, FL 338	EY 110 . 33563 Delete RD R E . 33563 Delete AWRENCE DOVER RD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY L HAUSMAN P 04/29/2008