


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91319 006 \*\*\*\*61.25

**DOCUMENT # 717774**

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



Principal Place of Business  
**601 NORTH GORDON STREET  
PLANT CITY FL 33566**

Mailing Address  
**601 NORTH GORDON STREET  
PLANT CITY FL 33566**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2162545**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KOCH, EDMUND L.</b>	
STREET ADDRESS	<b>707 N GORDON ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NELL LAFEVER</b>	
STREET ADDRESS	<b>103 W. MAHONEY ST.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FREDERICK, LINDA</b>	
STREET ADDRESS	<b>2119 SYDNEY-DOVER RD</b>	
CITY-ST-ZIP	<b>DOVER FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEACHY, TIM</b>	
STREET ADDRESS	<b>3806 TIMBERLAKE RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIC ROUSE</b>	
STREET ADDRESS	<b>901 HAGGARD RD</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL 33567</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Linda A. Frederick* **REQUIRED**

CR2E037 (10/02)