

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726905** (3)
1. Corporation Name
THE FIRST CHURCH OF GOD, EUSTIS, FLORIDA



Principal Place of Business: 1550 NORTH STATE ROAD 19, P O BOX 1834, EUSTIS FL 32726
Mailing Address: 1550 NORTH STATE ROAD 19, P O BOX 1834, EUSTIS FL 32726

3. Date Incorporated or Qualified: **07/09/1973**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-1903767**
Applied For: Applied For, Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
**HOLDER, RONALD E.
37421 MYRTLE DRIVE
UMATILLA FL 32784**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, State (FL), Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: P, NAME: HOLDER, RONALD E, STREET ADDRESS: 37421 MYRTLE DRIVE, CITY-ST-ZIP: UMATILLA, FL 00000
TITLE: D, NAME: DAVIS, DENNIS, STREET ADDRESS: 18419 CAYMAN STREET, CITY-ST-ZIP: EUSTIS FL
TITLE: T, NAME: SPRIES, NANCY, STREET ADDRESS: 6625 PERU RD, CITY-ST-ZIP: UMATILLA FL
TITLE: S, NAME: GEDDES, NANCY, STREET ADDRESS: 16707 PERU ROAD, CITY-ST-ZIP: UMATILLA FL
TITLE: VD, NAME: STAHL, JAY, STREET ADDRESS: 10842 ISAACS CT., CITY-ST-ZIP: LEESBURG FL
TITLE: D, NAME: ALBRIGHT, GENE, STREET ADDRESS: 34312 ISLAND DR, CITY-ST-ZIP: LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME: Spries, Nancy, 3.3 STREET ADDRESS: 248 E. Collins Street, 3.4 CITY-ST-ZIP: Umatilla, FL 32784
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ronald Holder* RONALD HOLDER 1/18/96 904-357-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)