


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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726905 (3)**

**1. Corporation Name**  
**THE FIRST CHURCH OF GOD, EUSTIS, FLORIDA**



<b>Principal Place of Business</b> 1550 NORTH STATE ROAD 19 P O BOX 1834 EUSTIS FL 32726	<b>Mailing Address</b> 1550 NORTH STATE ROAD 19 P O BOX 1834 EUSTIS FL 32726
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<b>3. Date Incorporated or Qualified</b> 07/09/1973
<b>4. FEI Number</b> 59-1903767
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.
<b>23. City &amp; State</b>	<b>27. City &amp; State</b>
<b>24. Zip</b>	<b>28. Zip</b>
<b>25. Country</b>	<b>29. Country</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b>	
HOLDER, RONALD E. 37421 MYRTLE DRIVE UMATILLA FL 32784	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	P <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HOLDER, RONALD E	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	37421 MYRTLE DRIVE	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	UMATILLA, FL 00000	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	D <input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b>	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	DAVIS, DENNIS	<b>2.2 NAME</b>	Stahl, Jay
<b>STREET ADDRESS</b>	18419 CAYMAN STREET	<b>2.3 STREET ADDRESS</b>	10842 Isaaca Court
<b>CITY-ST-ZIP</b>	EUSTIS FL	<b>2.4 CITY-ST-ZIP</b>	Leesburg FL 34788
<b>TITLE</b>	T <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SPIRES, NANCY	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	248 E. COLLINS ST.	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	UMATILLA FL	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	S <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	STROCHANSKY, LARRAINE	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	220 E COLLINS	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	UMATILLA FL	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	D <input checked="" type="checkbox"/> DELETE	<b>5.1 TITLE</b>	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	OSBORNE, WAYNE	<b>5.2 NAME</b>	Stephens, Donald
<b>STREET ADDRESS</b>	1506 S CTR ST	<b>5.3 STREET ADDRESS</b>	36830 Shawlow Hill Drive
<b>CITY-ST-ZIP</b>	EUSTIS FL	<b>5.4 CITY-ST-ZIP</b>	Fruitland Park, FL 34731
<b>TITLE</b>	D <input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SHEA, JACK	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	469 KING WAY	<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TAVARES FL	<b>6.4 CITY-ST-ZIP</b>	

**14. 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 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 E. Holder **DATE:** 1/28/98 **DAYTIME PHONE #:** 352-357 0048

CR2E037 (10/97)