

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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0013707

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726905

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/09/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1903767	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLDER, RONALD E. 37421 MYRTLE DRIVE UMATILLA FL 32784				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLDER, RONALD E			1.2 NAME			
STREET ADDRESS	37421 MYRTLE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	UMATILLA, FL 00000			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAHL, JAY			2.2 NAME			
STREET ADDRESS	10842 ISAACA CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34788			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIRES, NANCY			3.2 NAME	Strochansky, Lorraine		
STREET ADDRESS	248 E. COLLINS ST.			3.3 STREET ADDRESS	220 E. Collins St, Apt 1G		
CITY-ST-ZIP	UMATILLA FL			3.4 CITY-ST-ZIP	Umatilla, FL 32784		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROCHANSKY, LARRAINE			4.2 NAME	Dale, Sherry		
STREET ADDRESS	220 E COLLINS			4.3 STREET ADDRESS	17836 Broadvue		
CITY-ST-ZIP	UMATILLA FL			4.4 CITY-ST-ZIP	Eustis, FL 32726		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS, DONALD			5.2 NAME			
STREET ADDRESS	36830 SHADOW HILL DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND FL 34731			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEA, JACK			6.2 NAME	Davis, Dennis		
STREET ADDRESS	469 KING WAY			6.3 STREET ADDRESS	18419 Cayman St.		
CITY-ST-ZIP	TAVARES FL			6.4 CITY-ST-ZIP	Eustis, FL 32726		

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, with all other like empowered.

SIGNATURE: Ronald E. Holder **REQUIRED** Ronald E. Holder 1-12-99 352-357-0048

CR2E037 (11/98)