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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/09/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1903767
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRES, NANCY	3.2 NAME	T
STREET ADDRESS	248 E. COLLINS ST.	3.3 STREET ADDRESS	Strochansky, Lorraine
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	220 E. Collins St, Apt 1G Umatilla, FL 32784
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROCHANSKY, LARRAINE	4.2 NAME	S
STREET ADDRESS	220 E COLLINS	4.3 STREET ADDRESS	Dale, Sherry
CITY-ST-ZIP	UMATILLA FL	4.4 CITY-ST-ZIP	17836 Broadvue 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JACK	6.2 NAME	D
STREET ADDRESS	469 KING WAY	6.3 STREET ADDRESS	Davis, Dennis
CITY-ST-ZIP	TAVARES FL	6.4 CITY-ST-ZIP	18419 Cayman St. 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)