

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 # **727035 (8)**

1. Corporation Name

FIRST CHURCH OF GOD OF FORT PIERCE, INC.



Principal Place of Business

**3453 SUNRISE BLVD.
FORT PIERCE FL 34982**

Mailing Address

**3453 SUNRISE BLVD.
FORT PIERCE FL 34982**

3. Date Incorporated or Qualified
07/25/1973

3a. Date of Last Report
11/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-2355875

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

9. Name and Address of Current Registered Agent

**BRADY, ROBERT L
5945 N.E. 3RD LN.
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name **Yonts, David**
82 Street Address (P.O. Box Number is Not Acceptable)
1533 B Pheasant Walk
83
84 City **Ft. Pierce** FL 85 Zip Code **34950**

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

David Yonts
Signature, typed or printed name of registered agent and title if applicable

David Yonts

(NOTE: Registered Agent signature required when reinstating)

4/22/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LENZER, PASTOR EDWARD A.	
STREET ADDRESS	3453 SUNRISE BLVD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, PHILIP D.	
STREET ADDRESS	4479 S. 25TH ST.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, LOUISE M.	
STREET ADDRESS	4479 SOUTH 25TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	YONTS, LINDA	
STREET ADDRESS	2211 S ROCK RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carpenter, Pastor William	
1.3 STREET ADDRESS	3453 Sunrise Blvd.	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brady, Robert L	
2.3 STREET ADDRESS	5945 N.E. 3rd Ln.	
2.4 CITY-ST-ZIP	Okeechobee, FL 34974	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Santrock, Melvin	
3.3 STREET ADDRESS	3115 S. 22nd St.	
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ditta, Patricia	
4.3 STREET ADDRESS	1906 Easter Ave.	
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Melvin Santrock* **Melvin Santrock** **4/22/96** **407/466-4089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)