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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727035** (8)

1. Corporation Name

FIRST CHURCH OF GOD OF FORT PIERCE, INC.



Principal Place of Business

Mailing Address

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

**3453 SUNRISE BLVD.
FORT PIERCE FL 34982-6576**

3. Date Incorporated or Qualified
07/25/1973

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

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

24

Country

25

Country

30

Country

9. Name and Address of Current Registered Agent

**YONTS, DAVID
1833B PHEASANT WALK
FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name **Jean Sheets**
82 Street Address (P.O. Box Number, is Not Acceptable)
801 S. Jenkins Rd.
83 **H. Pierce**
84 City **H. Pierce** **FL** **85** Zip Code **34947**

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

Jean B. Sheets

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CARPENTER, PASTOR WILLIAM**
STREET ADDRESS **3453 SUNRISE BLVD**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **VD** ☒ DELETE

NAME **BRADY, ROBERT L.**
STREET ADDRESS **5945 NE 3RD LANE**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **TD** ☒ DELETE

NAME **SANTRACK, MELVIN**
STREET ADDRESS **3115 S 22ND STREET**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **S** ☒ DELETE

NAME **DITTA, PATRICIA**
STREET ADDRESS **1906 EASTER AVENUE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **JD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

CR2E037 (9/96)