


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3453 SUNRISE BLVD. FORT PIERCE FL 34982	Mailing Address 3453 SUNRISE BLVD. FORT PIERCE FL 34982
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3. Date Incorporated or Qualified 07/25/1973	
4. FEI Number 59-2355875	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHEETS, JEAN
801 S JENKINS RD
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name Sheets, Jean	
82 Street Address (P.O. Box Number is Not Acceptable) 801 S. Jenkins Rd.	
83	
84 City Ft. Pierce	85 Zip Code FL 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 Jean B. sheets 3/25/98
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	NAME CARPENTER, PASTOR WILLIAM	<input type="checkbox"/> DELETE
STREET ADDRESS 3453 SUNRISE BLVD	CITY-ST-ZIP FT. PIERCE FL	
TITLE VD	NAME SHEETS, JEAN	<input type="checkbox"/> DELETE
STREET ADDRESS 801 S JENKINS RD	CITY-ST-ZIP FT PIERCE FL	
TITLE T	NAME YONTS, LINDA	<input type="checkbox"/> DELETE
STREET ADDRESS 102 N F.F.A. RD	CITY-ST-ZIP FT. PIERCE FL	
TITLE S	NAME CARPENTER, OMALENE	<input type="checkbox"/> DELETE
STREET ADDRESS 3453 SUNRISE BLVD.	CITY-ST-ZIP FT. PIERCE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Ditta, Patricia	
2.3 STREET ADDRESS 1906 Easter Ave.	
2.4 CITY-ST-ZIP Ft. Pierce, FL 34950	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: Linda Yonts Linda Yonts 3/22/98 (561) 461-7774

CR2E037 (10/97)