

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90089 031 \*\*\*\*61.25

**DOCUMENT # 727035**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/25/1973

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

9. Name and Address of Current Registered Agent

**SHEETS, JEAN**  
**801 S JENKINS RD**  
**FORT PIERCE FL 34947**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

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  
STREET ADDRESS 3453 SUNRISE BLVD  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE VD  
NAME DITTA, PATRICIA  
STREET ADDRESS 1906 EASTER AVE  
CITY-ST-ZIP FT. PIERCE FL 34950 ☐ DELETE

TITLE T  
NAME YONTS, LINDA  
STREET ADDRESS 102 N.F.F.A. RD  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE S  
NAME CARPENTER, OMALENE  
STREET ADDRESS 3453 SUNRISE BLVD.  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

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 ABELE, JEAN  
2.3 STREET ADDRESS 7104 SANTA ROSA PKY  
2.4 CITY-ST-ZIP FT. PIERCE, FL 34951

3.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME GARNEAU, ROBERTA  
3.3 STREET ADDRESS 771 LOMAS STREET  
3.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952

4.1 TITLE ☐ 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 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:

*William Carpenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 561-466-4364  
Date Daytime Phone #

CR2E037 (4/1/98)