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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

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

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

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

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

TITLE S DELETE
 NAME CARPENTER, OMALENE
 STREET ADDRESS 3453 SUNRISE BLVD.
 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 Change Addition
 2.2 NAME VD ABELE, JEAN
 2.3 STREET ADDRESS 7104 SANTA ROSA PKY
 2.4 CITY-ST-ZIP FT PIERCE, FL 34951

3.1 TITLE Change Addition
 3.2 NAME T 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 REQUIRED Pastor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037-41198