
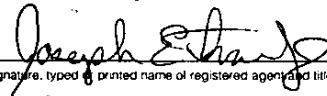
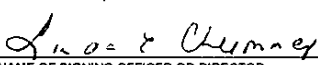


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90092 049 ****61.25

DOCUMENT # 729015 1. Entity Name FIRST PENTECOSTAL CHURCH OF WEWAHITCHKA, INC					
Principal Place of Business 619 SOUTH HIGHWAY 71 WEWAHITCHKA, FL 32465 US			Mailing Address 619 SOUTH HIGHWAY 71 P.O. BOX 967 WEWAHITCHKA, FL 32465 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2302044	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ETHRIDGE, JOSEPH 619 SOUTH HWY 71 WEWAHITCHKA, FL 32465			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  4.17.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHUMNEY, THOMAS M		NAME		
STREET ADDRESS	282 KATE GLASS RD.		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA, FL 32465		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP, JOHN		NAME		
STREET ADDRESS	8787 STATE ROAD 71-S		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHUMNEY, LINDA T		NAME		
STREET ADDRESS	282 KATE GLASS ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA, FL 32465		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETHRIDGE, JOSEPH V		NAME		
STREET ADDRESS	619 S HWY 71		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA, FL 32465		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VP ETHRIDGE, AARON	
STREET ADDRESS			STREET ADDRESS	619 HWY 71 S	
CITY-ST-ZIP			CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Linda T Chumney  4.17.08 850-636-7969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					