

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 017 ****61.25

DOCUMENT # 735427

1. Entity Name

PERRY FIRST CHURCH OF GOD, INC.



Principal Place of Business

Mailing Address

1915 US 221 N.
PERRY FL 32347

1915 US 221 N.
PERRY FL 32347

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

59-1861827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, WILLIAM R REV.
1919 US 221 N.
PERRY FL 32347

Name

Hicks Michael

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

1919 US 221 N

City

Perry

FL

Zip Code

32347

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

Rev. Michael Hicks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, CARPENTER R REV.	
STREET ADDRESS	1919 US 221 N	
CITY - ST - ZIP	PERRY FL 32347	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARLTON, TRUDY	
STREET ADDRESS	5879 WOODS CREEK RD	
CITY - ST - ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITFIELD, R. BYRUM	
STREET ADDRESS	1313 S ROBIN ST	
CITY - ST - ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUCE, NEAL	
STREET ADDRESS	759 GLENNIS CRUCE RD.	
CITY - ST - ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, LAMAR	
STREET ADDRESS	5311 PUCKETT RD	
CITY - ST - ZIP	PERRY FL 32348	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, PHILLIP	
STREET ADDRESS	1969 N HWY 221	
CITY - ST - ZIP	PERRY FL 32347	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hicks Michael Rev.	
STREET ADDRESS	1919 US 221 N	
CITY - ST - ZIP	Perry FL 32347	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuten Freddie	
STREET ADDRESS	2726 woodcreek Rd	
CITY - ST - ZIP	Perry FL 32347	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson Rocky	
STREET ADDRESS	3729 Wash Davis Rd	
CITY - ST - ZIP	Perry FL 32347	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson Robin	
STREET ADDRESS	5548 Beau Chancel LN	
CITY - ST - ZIP	Perry FL 32348	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Poppel Brady	
STREET ADDRESS	3426 Green Farm Rd	
CITY - ST - ZIP	Perry FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Trudy Carlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 850-584-5860

Date

Daytime Phone #