FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 PM 8:23

DOCUMENT # 736985 (3)

1. Corporation Name
FIRST CHURCH OF GOD OF PENSACOLA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9250 COVE AVENUE PENSACOLA FL 32534-1621	9250 COVE AVENUE PENSACOLA FL 32534-1621

3. Date Incorporated or Qualified: 10/07/1976
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-6507740 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LARRY MCGRADY
346 PINE RIDGE CIRCLE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	MCGRADY, LARRY	12 NAME	
STREET ADDRESS	346 PINE RIDGE CR.	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KRAUSE, ODIE J	22 NAME	
STREET ADDRESS	50 TEAKWOOD DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☑ Change ☐ Addition
NAME	PHILLIPS, K. ANNE	32 NAME	mcgrady, D. Gail
STREET ADDRESS	5780 MIFFLIN AVE.	33 STREET ADDRESS	346 Pine Ridge Cir.
CITY-ST-ZIP	PENSACOLA FL 32526	34 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	EMD	41 TITLE	☐ Change ☐ Addition
NAME	MCGRADY, T S	42 NAME	
STREET ADDRESS	6 DELUNA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 additional.

SIGNATURE: _____ April 28, 1995 (904) 477-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007 1041