

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736985 (3)

1. Corporation Name

FIRST CHURCH OF GOD OF PENSACOLA, INC.



Principal Place of Business

**9250 COVE AVENUE
PENSACOLA FL 32534-1621**

Mailing Address

**9250 COVE AVENUE
PENSACOLA FL 32534-1621**

3. Date Incorporated or Qualified
10/07/1976

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number
59-6587740

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARRY MCGRADY
346 PINE RIDGE CIRCLE
PENSACOLA FL 32514**

81

Name **Paulette Morgan**

82

Street Address (P.O. Box Number is Not Acceptable)
1348 maranatha way

83

84

City **Pace**

FL

85 Zip Code
32571

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

Paulette Morgan

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

(NOTE: Registered Agent signature required when reinstating)

5/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRADY, LARRY	
STREET ADDRESS	346 PINE RIDGE CR.	
CITY - ST - ZIP	PENSACOLA FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSE, ODIE J	
STREET ADDRESS	50 TEAKWOOD DR.	
CITY - ST - ZIP	PENSACOLA FL 32508	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGRADY, D GAIL	
STREET ADDRESS	346 PINE RIDGE CIRCLE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	EMD	<input type="checkbox"/> DELETE
NAME	MCGRADY, T S	
STREET ADDRESS	6 DELUNA DR.	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	Acting, Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Morgan, Paulette	
13 STREET ADDRESS	1348 maranatha way	
14 CITY - ST - ZIP	Pace, FL 32571	
21 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Morgan, Paulette	
23 STREET ADDRESS	1348 maranatha way	
24 CITY - ST - ZIP	Pace, FL 32571	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	EMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Schultz, Melinda	
53 STREET ADDRESS	9260 Cove Avenue	
54 CITY - ST - ZIP	Pensacola, FL 32534	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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.

SIGNATURE:

Paulette Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/96

Date

Daytime Phone #

CR2E037 (12/95)