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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

FIRST CHURCH OF GOD OF MIDDLEBURG, INC.											
Principal Place of Business			Ma	Mailing Address					. (#11 #1#11	BERES GLAN MINIT MA	E((8483) (88)
MIDDLEBURG FL 32068 M				PO BOX 2049 MIDDLEBURG FL 32050-2049 US			3. Date Incorporated or Qualified 07/27/1977 4. FEI Number Applied For				
2. Principal P	lace of Busine	221	22.	Mailing Address				59-2155034			ot Applicable
21			26	⊢ -				5. Certificate of Status Desired			Additional equired
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00	
City & State			27	27 City & State			Trust Fund Contribution 7. Is this nonprofit corporation a h	COMPONE	Added to		
23			28					Yes		16:	
Zip		Country		Zip	Co	untry		8. This corporation owes or has p	aid the		
24	2 2		29	laved Accord	30	7		Personal Property Tax due Jun			No
	9. Name a	nd Address of Curr	ent Regis	tered Agent		81	Name	10. Name and Address of New R	egistere	d Agent	· · · · · · · · · · · · · · · · · · ·
MCLAIN	IEGGE										
MCLAIN, JESSE 3965 OLD JENNINGS RD.				82 Stre			Street Addr	ess (P.O. Box Number is Not Accepta	ıble)		
MIDDLEBURG FL 32068						83					
						84	City	<u></u>		. 85 Zip	Code
11 Durchant	to the provicio	on of Sections 617.0	Eng and E	17 1508 Florida Statu	tec the o	have	named corn	oration submits this statement for the	F		o registered
office or r	egistered ager	nt, or both, in the Sta	te of Floric	ia. Such change was	authorize	d by	the corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose pt the a	ppointment as	registered
SIGNATURE _	tti latilidat Witi i	, and accept the obt	ngations of	, 3ection 517.0303, F	ioi iua sia	iluies.	•				
SIGNATURE .	Signature, typed or	printed name of registered a	agent and litte	if applicable. (NC	TE: Registere	d Ager	nt signature require	ed when reinstating)	DATE		
12.		OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS A		
TITLE	VD	T011		DELETE	1.1 T		V	D Wers		🔀 Change	Addition
	NAME WAUGH, TOM			1.2 NAM		IAME	>:	reve men on			
STREET ADDRESS								is mustana Ka	•		
		JOHNS RD					ADDRESS 4	152 Mustang Ka		. 0	-
CITY-ST-ZIP	MIDDLEB	JOHNS RD			1.4 0	ITY-ST	ADDRESS 4	teve Hiers 152 Mustang Rd Niddleburg, FL	<u>320</u>	68	. Addition
TITLE	MIDDLEB!	JOHNS RD URG FL		DELETÉ	1.4 C 2.1 T	ITY-ST	ADDRESS 4	152 Mustang Rd Niddleburg, FL	<u>320</u>	US Change	Addition
TITLE NAME	MIDDLEBU T MIDDLETO	JOHNS RD URG FL DN, CAROL		DELETÉ	1.4 C 2.1 T 2.2 N	ITY-ST ITLE IAME		152 Mustang Rd Niddleburg, FL	<u>320</u>	© 8 ☐ Change	Addition
TITLE NAME STREET ADORESS	MIDDLEBO T MIDDLETO 3086 JOE	JOHNS RD URG FL ON, CAROL JOHNS RD.		[_] DELETÉ	1.4 C 2.1 T 2.2 N 2.3 S	ITY-ST ITLE IAME ITREET /	ADORESS	152 Mustang Rd Niddleburg, FL	<u>320</u>	₩ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIDDLEBU T MIDDLETO 3086 JOE MIDDLEBU	JOHNS RD URG FL ON, CAROL JOHNS RD.			1.4 C 2.1 T 2.2 N 2.3 S 2.4 (ITY-ST ITLE IAME ITREET /	ADORESS	152 Mustang Rd Niddleburg, FL	320	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIDDLEBO T MIDDLETO 3086 JOE MIDDLEBO SD	Johns RD URG FL DN, CAROL JOHNS RD. URG FL		C DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	TITY-ST TILE IAME TREET / CITY-S TILE	ADORESS	152 Mustang Kd Niddleburg, FL	<u>320</u>	☐ Change	Addition Addition
TITLE NAME STREET ADORESS GITY-ST-ZIP TITLE NAME	MIDDLEBUT T MIDDLETO 3086 JOE MIDDLEBU SD MEGGS, A	Johns RD URG FL DN, CAROL JOHNS RD. URG FL			1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	ITLE IAME TREET / CITY-S ITLE IAME	ADORESS T-ZIP	152 Mustang Kd Niddleburg, FL	320	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIDDLEBU T MIDDLET(3086 JOE MIDDLEBU SD MEGGS, A 3084 JOE	JOHNS RD URG FL DN, CAROL JOHNS RD. URG FL AMY JOHNS RD.	-		1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	ITY-ST ITLE IAME ITREET / ITLE IAME ITREET /	ADDRESS T-ZIP ADDRESS	152 Mustang Kd Niddleburg, FL	320	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIDDLEBU T MIDDLETO 3086 JOE MIDDLEBU SD MEGGS, A 3084 JOE MIDDLEBU	JOHNS RD URG FL DN, CAROL JOHNS RD. URG FL AMY JOHNS RD.		DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	ITY-ST ITLE ITREET / ITLE ITLE ITREET / ITLE ITREET / ITLE ITREET /	ADDRESS T-ZIP ADDRESS	152 Mustang Kd Niddleburg, FL	320	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIDDLEBU T MIDDLETO 3086 JOE MIDDLEBU SD MEGGS, A 3084 JOE MIDDLEBU PD	JOHNS RD URG FL DN, CAROL JOHNS RD. URG FL AMY JOHNS RD. URG FL			1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 Ti	ITY-ST ITLE IAME ITREET / ITLE IAME ITREET / ITLE ITREET / ITLE ITLE ITLE	ADDRESS T-ZIP ADDRESS	152 Mustang Kd Niddleburg, FL	320	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIDDLEBU T MIDDLETO 3086 JOE MIDDLEBU SD MEGGS, A 3084 JOE MIDDLEBU PD MCLAIN, A	JOHNS RD URG FL DN, CAROL JOHNS RD. URG FL AMY JOHNS RD. URG FL JURG FL JESSE JESSE		DELETE	1.4 C 2.T T 22 N 23 S 2.4 (ITY-ST ITLE IAME ITREET / ITLE IAME ITREET / ITLE IAME ITLE IAME ITLE IAME ITLE IAME ITREET / ITLE IAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	152 Mustang Kd Niddleburg, FL	320	☐ Change	☐ Addition☐ Addition☐ Addition☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIDDLEBUT T MIDDLETO 3086 JOE MIDDLEBU SD MEGGS, A 3084 JOE MIDDLEBU PD MCLAIN, 3965 OLD	JOHNS RD URG FL DN, CAROL JOHNS RD. URG FL AMY JOHNS RD. URG FL JURG FL JESSE JESSE		DELETE DELETE	14 C 21 T 22 N 23 S 2.4 (3.1 T) 32 N 3.3 S 3.4 (4.1 T) 4.2 N 4.3 S 4.4 C	ITY-ST ITLE IAME ITREET / ITLE IAME ITREET / ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	152 Mustang Kd Niddleburg, FL	320	Change	☐ Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED

Jan 20 1998 8:00am

Secretary of State

904-282 1810