FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 739739

FIRST CHURCH OF GOD OF MIDDLEBURG, INC.

Principal Place of Business

Mailing Address

Apr 07, 1999 8:00 am § Secretary of State

04-07-1999 90112 013 ****61.25

3965 OLD JENNINGS ROAD PO BOX 2049 MIDDLEBURG FL 32068 MIDDLEBURG FL 32050-2049 US									
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualit	ed	-		
21		26 3965 Old J	<u>en</u>	nings					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		J	4. FEI Number			lied For	
22		27			59-2155034			Applicable	
City & Stat	9	City & State 28 MICAL Churce	. [1	5. Certifcate of Status Desired		\$8.75 A		
23			Country		6 7 1 0 0 1 1 1			•	
Zip	Country		Country		Election Campaign Financia Trust Fund Contribution		• \$5.00 N Added to		
24	9. Name and Address of Curre		$\overline{}$	-	10. Name and Address of Ne	w Registered		1 663	
	5. Name and Address of Chire	sit Kadisteran Again	81	Name	Traine dita / traine		- 0	•	
			82						
MCLAIN, JESSE				Street	Address (P.O. Box Number is Not Acc	aptable)			
3965 OLD JENNINGS RD MIDDLEBURG FL 32068			83	1					
WIDDITER	JRG FL 32068						T-1		
	•		84	City		FL	85 Zip C	ode	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A		stered Age 13.	nt algnature n	equired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN			
TITLE	VD	☐ DELETE	1.1 TITLE				Change	Addition Addition	
NAME	HIRES, STEVE		1.2 NAME		Hiers, Steve				
STREET ADDRESS	4152 MUSTANG RD		1.3 STREE	TADORESS	•				
CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 CITY-5	T-ZIP					
TITLE	T .	DELETE	2.1 TITLE				Change	☐ Addition	
NAME	MIDDLETON, CAROL		2.2 NAME				***		
STREET ADDRESS	3086 JOE JOHNS RD.	<u> </u>	2.3 STREE	TADDRESS					
CITY-ST-ZIP	MIDDLEBURG FL		2. 4 CITY-	ST-ZIP			□ Change	Addition	
TITLE	SD	_	3.1 TTTLE				Change	L Addition	
NAME	MEGGS, AMY		3.2 NAME						
STREET ADDRESS	3084 JOE JOHNS RD.			TADDRESS					
CITY-ST-ZIP	MIDDLEBURG FL		3.4. CITY-	ST-ŻIP			[] Change	☐ Addition	
TITLE	PD		4.1 TITLE				C) origingo		
NAME	MCLAIN, JESSE		4. 2 NAME						
STREET ADDRESS	3965 OLD JENNINGS RD.			T ADDRESS				_	
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY-S 5.1 TITLE	II-UP	TD .	<u></u>	Change	Addition	
NAME		-	5.2 NAME		Karen Hiers				
STREET ADDRESS		1		TADDRESS	3494 Citation Dr.				
JANEEL ADDRESS	5 .		54 CITY-5		Green Chye Soas F	1. 3204	٠ .		

14. I hereby certify that the information supplied with this filing 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAKE

DELETE

Change

Addition