

**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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **740456** (9)  
1. Corporation Name  
**FIRST CHURCH OF GOD, FLORAHOME, FLORIDA, INC.**

Principal Place of Business: CORAL FARMS ROAD, BOX 245, FLORAHOME FL 32140  
Mailing Address: CORAL FARMS ROAD, BOX 245, FLORAHOME FL 32140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/17/1977**  
3a. Date of Last Report: **03/23/1994**

4. FEI Number: **59-2035445**  
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  
21. **1167 Hwy 100**  
22. Suite, Apt. #, etc.  
23. **Florahome, Fl.**  
24. Zip **32140**  
25. Country **USA**  
2a. Mailing Address  
26. **P.O. Box 55**  
27. Suite, Apt. #, etc.  
28. **Florahome, Fl.**  
29. Zip **32140**  
30. Country **USA**

9. Name and Address of Current Registered Agent  
**STURDIVANT, LILLIAN**  
**404 CORAL FARMS RD**  
**BOX 245**  
**FLORAHOME FL 32140**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b>
NAME	<b>STURDIVANT, LILLIAN</b>
STREET ADDRESS	<b>404 CORAL FARMS RD</b>
CITY-ST-ZIP	<b>FLORAHOME FL 32140</b>
TITLE	<b>D</b>
NAME	<b>ARMEY, WILLARD</b>
STREET ADDRESS	<b>1400 MAIN ST.</b>
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>
TITLE	<b>D</b>
NAME	<b>JONES, RALPH</b>
STREET ADDRESS	<b>635 NW HIGHLAND AVE</b>
CITY-ST-ZIP	<b>KEYSTONE HTS. FL</b>
TITLE	<b>D</b>
NAME	<b>REED, HART</b>
STREET ADDRESS	<b>MULLINS AVE.</b>
CITY-ST-ZIP	<b>INTERLACHEN, FL 32148</b>
TITLE	<b>S</b>
NAME	<b>JONES, LAURA M</b>
STREET ADDRESS	<b>635 NW HIGHLAND AVE</b>
CITY-ST-ZIP	<b>KEYSTONE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STURDIVANT, LILLIAN</b>
1.3 STREET ADDRESS	<b>404 CORAL FARMS RD</b>
1.4 CITY-ST-ZIP	<b>FLORAHOME FL 32140</b>
2.1 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ARMEY, WILLARD</b>
2.3 STREET ADDRESS	<b>1400 Main St.</b>
2.4 CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>
3.1 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CARNES, RONNIE</b>
3.3 STREET ADDRESS	<b>507 CORAL FARMS RD.</b>
3.4 CITY-ST-ZIP	<b>FLORAHOME FL 32140</b>
4.1 TITLE	<b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>REED, HART</b>
4.3 STREET ADDRESS	<b>MULLINS AVE</b>
4.4 CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>
5.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CARNES, BETTY</b>
5.3 STREET ADDRESS	<b>507 CORAL FARMS RD.</b>
5.4 CITY-ST-ZIP	<b>FLORAHOME FL 32140</b>
6.1 TITLE	<b>Tr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>THAYER, EVELYN</b>
6.3 STREET ADDRESS	<b>502 FAGAN ST.</b>
6.4 CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>

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 110.07(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: *Lillian Sturdivant* **LILLIAN STURDIVANT** TREAS. **3-10-95** (904) 659-2242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #