

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 *2-26-96* *B-1499* *C*

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



Principal Place of Business Mailing Address
**1167 HWY 100
BOX 245
FLORAHOME FL 32140
US** **P. O. BOX 55
BOX 245
FLORAHOME FL 32140
US**

3. Date Incorporated or Qualified **10/17/1977** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2035445		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STURDIVANT, LILLIAN
404 CORAL FARMS RD
BOX 245
FLORAHOME FL 32140**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, LILLIAN	1.2 NAME	
STREET ADDRESS	404 CORAL FARMS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMEY, WILLARD	2.2 NAME	
STREET ADDRESS	1400 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNES, RONNIE	3.2 NAME	
STREET ADDRESS	507 CORAL FARMS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, HART	4.2 NAME	
STREET ADDRESS	MULLINS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN, FL 32148	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNES, BETTY	5.2 NAME	
STREET ADDRESS	507 CORAL FARMS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL	5.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, EVELYN	6.2 NAME	
STREET ADDRESS	502 FAGAN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	6.4 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: **LILLIAN STURDIVANT TREAS.** *Lillian Sturdivant* 2-17-96 (904) 659-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)