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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 1167 HWY 100, BOX 245, FLORAHOME FL 32140, US
Mailing Address: P. O. BOX 55, BOX 245, FLORAHOME FL 32140-0245, US

3. Date Incorporated or Qualified: 10/17/1977
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

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 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		DELETE
TITLE	T	<input type="checkbox"/>
NAME	STURDIVANT, LILLIAN	
STREET ADDRESS	404 CORAL FARMS RD	
CITY-ST-ZIP	FLORAHOME FL	
TITLE	TR	<input type="checkbox"/>
NAME	ARMEY, WILLARD	
STREET ADDRESS	1400 MAIN ST.	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	TR	<input type="checkbox"/>
NAME	CARNES, RONNIE	
STREET ADDRESS	507 CORAL FARMS RD.	
CITY-ST-ZIP	FLORAHOME FL	
TITLE	TR	<input checked="" type="checkbox"/>
NAME	REED, HART	
STREET ADDRESS	MULLINS AVE.	
CITY-ST-ZIP	INTERLACHEN, FL 32148	
TITLE	S	<input type="checkbox"/>
NAME	CARNES, BETTY	
STREET ADDRESS	507 CORAL FARMS RD.	
CITY-ST-ZIP	FLORAHOME FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	T/TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	STURDIVANT, LILLIAN		
1.3 STREET ADDRESS	404 CORAL FARMS RD.		
1.4 CITY-ST-ZIP	FLORAHOME FL 32140		
2.1 TITLE	TR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	SHOEMAKER, BOB		
2.3 STREET ADDRESS	585 HILLSBOROUGH AVE.		
2.4 CITY-ST-ZIP	FLORAHOME FL 32140		
3.1 TITLE	TR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	SHOEMAKER, CAROL		
3.3 STREET ADDRESS	585 HILLSBOROUGH AVE.		
3.4 CITY-ST-ZIP	FLORAHOME FL 32140		
4.1 TITLE	TR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	ARMEY, GLENNA		
4.3 STREET ADDRESS	1400 MAIN ST.		
4.4 CITY-ST-ZIP	INTERLACHEN FL 32148		
5.1 TITLE	S/TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	CARNES, BETTY		
5.3 STREET ADDRESS	507 CORAL FARMS RD.		
5.4 CITY-ST-ZIP	FLORAHOME FL 32140		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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, or on an attachment with an address.

SIGNATURE: *Lillian Sturdivant* LILLIAN STURDIVANT T/TR 4/14/97 (904)659-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003628

CR2E037 (9/96)