


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740456 (9)**  
1. Corporation Name  
**FIRST CHURCH OF GOD, FLORAHOME, FLORIDA, INC.**



Principal Place of Business		Mailing Address	
1187 HWY 100 BOX 245 FLORAHOME FL 32140 US		P. O. BOX 55 BOX 245 FLORAHOME FL 32140 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified  
**10/17/1977**

4. FEI Number  
**59-2035445**

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	<b>FL</b>	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 \_\_\_\_\_ (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>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STURDIVANT, LILLIAN</b>	
STREET ADDRESS	<b>404 CORAL FARMS RD</b>	
CITY-ST-ZIP	<b>FLORAHOME FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMEY, WILLARD</b>	
STREET ADDRESS	<b>1400 MAIN ST.</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNES, RONNIE</b>	
STREET ADDRESS	<b>507 CORAL FARMS RD.</b>	
CITY-ST-ZIP	<b>FLORAHOME FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOEMAKER, BOB</b>	
STREET ADDRESS	<b>585 HILLSBOROUGH AVE</b>	
CITY-ST-ZIP	<b>FLORAHOME FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNES, BETTY</b>	
STREET ADDRESS	<b>507 CORAL FARMS RD.</b>	
CITY-ST-ZIP	<b>FLORAHOME FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOEMAKER, CAROL</b>	
STREET ADDRESS	<b>585 HILLSBOROUGH AVE</b>	
CITY-ST-ZIP	<b>FLORAHOME FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

**SIGNATURE: *Lillian Sturdivant* LILLIAN STURDIVANT -Treas. 328-98 (904)659-2242**

CR2E037 (10/97)