

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740456

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
US



2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
10/17/1977

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<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	<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	<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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, BOB	4.2 NAME	
STREET ADDRESS	585 HILLSBOROUGH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL	4.4 CITY-ST-ZIP	
TITLE	<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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, CAROL	6.2 NAME	
STREET ADDRESS	585 HILLSBOROUGH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL	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)(l), 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, with all other like empowered.

SIGNATURE: Lillian Sturdivant SIGNATURE REQUIRED: STURDIVANT 3-30-99 (904) 659-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

002037 141100