

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90029 006 \*\*\*\*61.25

**DOCUMENT # 740456**

1. Entity 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 32140-0245  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2035445**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **T STURDIVANT, LILLIAN**  
 STREET ADDRESS **404 CORAL FARMS RD**  
 CITY-ST-ZIP **FLORAHOME FL**

TITLE  Change  Addition  
 NAME **T JAMES L. VARNES**  
 STREET ADDRESS **1000 HWY 315 N.**  
 CITY-ST-ZIP **GRANDIN, FL. 32138**

TITLE  Delete  
 NAME **TR ARMEY, WILLARD**  
 STREET ADDRESS **1400 MAIN ST.**  
 CITY-ST-ZIP **INTERLACHEN FL**

TITLE  Change  Addition  
 NAME **T ARMEY, JACK**  
 STREET ADDRESS **109 B SAVEL RD., HWY 100**  
 CITY-ST-ZIP **FLORAHOME, FL. 32140**

TITLE  Delete  
 NAME **TR CARNES, RONNIE**  
 STREET ADDRESS **507 CORAL FARMS RD.**  
 CITY-ST-ZIP **FLORAHOME FL**

TITLE  Change  Addition  
 NAME **T SMITH, HENRY**  
 STREET ADDRESS **203 LAKE DR**  
 CITY-ST-ZIP **FLORAHOME, FL. 32140**

TITLE  Delete  
 NAME **TR SHOEMAKER, BOB**  
 STREET ADDRESS **585 HILLSBOROUGH AVE**  
 CITY-ST-ZIP **FLORAHOME FL**

TITLE  Change  Addition  
 NAME **T SMITH, SUSIE**  
 STREET ADDRESS **203 LAKE DR**  
 CITY-ST-ZIP **FLORAHOME, FL. 32140**

TITLE  Delete  
 NAME **ST CARNES, BETTY**  
 STREET ADDRESS **507 CORAL FARMS RD.**  
 CITY-ST-ZIP **FLORAHOME FL**

TITLE  Change  Addition  
 NAME **T REED, ROLLAND**  
 STREET ADDRESS **724 MALTAS AVE.**  
 CITY-ST-ZIP **INTERLACHEN, FL. 32148**

TITLE  Delete  
 NAME **T SHOEMAKER, CAROL**  
 STREET ADDRESS **585 HILLSBOROUGH AVE**  
 CITY-ST-ZIP **FLORAHOME FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lillian Sturdivant* **LILLIAN STURDIVANT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2000  
 Date

(904)659-2242  
 Daytime Phone #

CR2E037 (9/95)