


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 740456</b> 1. Entity Name <b>FIRST CHURCH OF GOD, FLORAHOME, FLORIDA, INC.</b>	
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Principal Place of Business <b>1167 HWY 100 BOX 245 FLORAHOME FL 32140 US</b>	Mailing Address <b>P. O. BOX 55 BOX 245 FLORAHOME FL 32140 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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 1st MOORE      CR2E037 (10/04)

4. FEI Number <b>59-2035445</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>STURDIVANT, LILLIAN 404 CORAL FARMS RD BOX 245 FLORAHOME FL 32140</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) City
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>STURDIVANT, LILLIAN 404 CORAL FARMS RD FLORAHOME FL</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UN0010243545 02/25/05-80045-016 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>VARNES, JAMES L 1000 HWY 315 N GRANDIN FL 32138</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>BLANCHARD, FRANCIS R 363 N CR 315 INTERLACHEN FL 32148</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>STURDIVANT, ALVIN 404 CORAL FARMS RD FLORAHOME FL 32140</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Delete <b>VARNES, JOSETTE 1000 HWY 315 N GRANDIN FL 32138</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>BLANCHARD, EMILY 363 N. CR 315 INTERLACHEN FL 32148</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> <i>Lillian Sturdivant</i> <b>LILLIAN STURDIVANT</b>	<b>2-23-05</b>	<b>(386) 659-2242</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #