

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 PM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752774 (0)

1. Corporation Name

FIRST COMMUNITY CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

1107 29TH ST E.
P.O. BOX 156
PALMETTO FL 34221-2413P.O. BOX 156
P.O. BOX 156
PALMETTO FL 34220-0156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/19803a. Date of Last Report
04/26/19944. FEI Number
74-8106975Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, OLIN NATHANIEL (DEACON)
1413 28TH ST., EAST
PALMETTO FL 34221

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
T	LUCAS, BOBBY L	3312 5TH DRIVE, WEST	PALMETTO FL
CTD	MANN, DAVID	3902 BELL GRANDE DR	VALRICO FL
D	CARTER, OLIN	1413 26 ST. E.	PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
President	TAYLOR, DONALD SR.	9005 Glenpointe Dr.	Riverview, FL 33569
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
Vice President/Trustee	CARTER, OLIN	1413 26 St. E.	Palmetto, FL 34221
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
Chairman/Trustee	WASHINGTON, OLLIE V.	3117 9th Ave Dr. E.	Palmetto, FL 34221
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
Secretary/Trustee	CARTER, FREDDIE M.	1413 26th St. E.	Palmetto, FL 34221
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Olin N. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2-2-91 745-7483

Date

(Type in Figure)