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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
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DOCUMENT # **752774**

1. Corporation Name

FIRST COMMUNITY CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 156
P.O. BOX 156
PALMETTO FL 34220-0156
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/03/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	74-0106975 59-2568557
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

CARTER, OLIN NATHANIEL (DEACON)
1413 26TH ST., EAST
PALMETTO FL 34221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRRE, EDMUND	1.2 NAME	
STREET ADDRESS	311 4 ST W	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	
TITLE	TR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, FLORYDA	2.2 NAME	
STREET ADDRESS	503 25 ST E	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, B	3.2 NAME	
STREET ADDRESS	3312 5TH DR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, FREDDIE M	4.2 NAME	
STREET ADDRESS	1413 26TH ST. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, O	5.2 NAME	
STREET ADDRESS	3117 9TH AVE DR W	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLEY, J	6.2 NAME	
STREET ADDRESS	3814 HARROGATE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33954	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, with all other like empowered.

SIGNATURE: **Freddie M. Carter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-99
Date

941-722-6929
Daytime Phone #

CR2E037 (11/98)