

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90025 039 \*\*\*\*40.50  
05-22-2008 90017 029 \*\*\*\*21.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                                                                     |                                                                          |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00000005425</b><br>1. Entity Name<br><b>FLORIDA FELLOWSHIP CHURCH OF GOD IN CHRIST, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     |                                                                          |                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>2250 M.L. KING BLVD<br/>POMPAÑO BEACH FL 33069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                                                                     | Mailing Address<br><b>2250 M.L. KING BLVD<br/>POMPAÑO BEACH FL 33069</b> |                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | 3. Mailing Address                                                                                                  |                                                                          |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | Suite, Apt. #, etc.                                                                                                 |                                                                          |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | City & State                                                                                                        |                                                                          | 4. FEI Number<br><b>65-1111721</b>                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | Country                                                                                                             |                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>Applied For <input type="checkbox"/> Not Applicable                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                                                                     |                                                                          | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>WILLIE T HARGRETT, OVERSEER<br/>2250 MARTIN LUTHER KING BLVD<br/>POMPAÑO BEACH FL 33069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                     |                                                                          | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)</small> <div style="float: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                                                                     |                                                                          |                                                                                                                                                                                        |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By: May 1, 2008</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:</b><br><b>Florida Department of State</b>                                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D<br>HARGRETT, WILLIE T BISHOP <input type="checkbox"/> Delete |                                                                                                                     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2250 MARTIN LUTHER KING BLVD                                   |                                                                                                                     | NAME                                                                     |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POMPAÑO BEACH FL 33069                                         |                                                                                                                     | STREET ADDRESS                                                           |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     | CITY-ST-ZIP                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S<br>APPOLON, JENNIFER <input type="checkbox"/> Delete         |                                                                                                                     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2250 MARTIN LUTHER KING BLVD                                   |                                                                                                                     | NAME                                                                     |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POMPAÑO BEACH FL 33069                                         |                                                                                                                     | STREET ADDRESS                                                           |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     | CITY-ST-ZIP                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V<br>HARGRETT, CARRIE J <input type="checkbox"/> Delete        |                                                                                                                     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2250 ML KING BLVD                                              |                                                                                                                     | NAME                                                                     |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POMPAÑO BEACH FL 33069                                         |                                                                                                                     | STREET ADDRESS                                                           |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     | CITY-ST-ZIP                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T<br>HARGRETT, THOMAS <input type="checkbox"/> Delete          |                                                                                                                     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 819 NW 3RD ST                                                  |                                                                                                                     | NAME                                                                     |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FORT LAUDERDALE FL 33311                                       |                                                                                                                     | STREET ADDRESS                                                           |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     | CITY-ST-ZIP                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                |                                                                                                                     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                                                                     | NAME                                                                     |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                     | STREET ADDRESS                                                           |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     | CITY-ST-ZIP                                                              |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete                                |                                                                                                                     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                                                                     | NAME                                                                     |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                     | STREET ADDRESS                                                           |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                     | CITY-ST-ZIP                                                              |                                                                                                                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Bishop Willie T. Hargrett</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                                                                     | <b>4-3-04</b><br><small>Date Daytime Phone #</small>                     |                                                                                                                                                                                        |  |