


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90064 012 \*\*\*\*61.25

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| <b>DOCUMENT #:</b> N01840                          |  |
| <b>1. Entity Name</b><br>FIRST CHURCH OF GOD, INC. |   |

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| <b>Principal Place of Business</b><br>215 SOUTH PERRY AVENUE<br>P.O. BOX 903<br>FORT MEADE FL 33841-3611 | <b>Mailing Address</b><br>215 SOUTH PERRY AVENUE<br>P.O. BOX 903<br>FORT MEADE FL 33841-3611 |
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| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc. |
| <b>City &amp; State</b>  | <b>City &amp; State</b>                              |
| <b>Zip</b>   | <b>Country</b>                                       |



MOORE CR2E037 (11/03)

|  |   |
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| <b>4. FEI Number</b><br>59-2404216   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|  |   |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>GUNTER, BILLY<br>127 N POLK AVE<br>FT MEADE FL 33841 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
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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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** \_\_\_\_\_

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| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
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| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>T</b><br>STORY, TOMMY<br>218 MAPLE AVE.<br>FT. MEADE FL <input type="checkbox"/> Delete                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>P</b><br>GUNTER, BILLY<br>127 N POLK AVE<br>FT MEADE FL 33841 <input type="checkbox"/> Delete             | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>VD</b><br>COTTON, JIMMIE<br>560 LANIER RD<br>FT MEADE FL 33841 <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>D</b><br>BIRDSONG, MIKE<br>PO BOX 61<br>FT MEADE FL 33841 <input type="checkbox"/> Delete                 | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>S</b><br>COTTON, SUSAN<br>560 LANIER RD<br>FORT MEADE FL 33841 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>S</b><br>Teresa Carroll<br>804 SE 2nd Street<br>Fort Meade, FL 33841 <input type="checkbox"/> Delete      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input checked="" 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.

**SIGNATURE:** Teresa A. Carroll **1-26-04** **863-534-425**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #