

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90357 047 ****61.25

DOCUMENT # N01840			
1. Entity Name FIRST CHURCH OF GOD, INC.			
Principal Place of Business 215 SOUTH PERRY AVENUE P.O. BOX 903 FORT MEADE, FL 33841-3611		Mailing Address 215 SOUTH PERRY AVENUE P.O. BOX 903 FORT MEADE, FL 33841-3611	
2. Principal Place of Business		3. Mailing Address 829-D N. Lanier Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Meade - FL	
Zip	Country	Zip	Country
33841	USA	33841	USA
4. FEI Number 59-2404216		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUNTER, BILLY 127 N POLK AVE FT MEADE, FL 33841		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STORY, TOMMY 218 MAPLE AVE. FT. MEADE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUNTER, BILLY 127 N POLK AVE FT MEADE, FL 33841 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marlon Goodridge P.O. Box 326 Ft. Meade, FL 33841 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, WALTER 1390 PARISH RD FT MEADE, FL 33841 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JULIE PO BOX 278 - KELLER RD FT MEADE, FL 33841 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Secretary, Fisher, Julie P.O. Box 278 Ft. Meade, FL 33841 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROLL, TERESA 804 SE 2ND STREET FORT MEADE, FL 33841 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jewell True 819 Houston Ave Ft. Meade, FL 33841 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
SIGNATURE: <i>Marlon A Goodridge</i>		Date: <i>March 29, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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