


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 016 ****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 829 D N LANIER AVE FORT MEADE, FL 33841-3611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2404216	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUNTER, BILLY 127 N POLK AVE FT MEADE, FL 33841				Name <i>Jewel True</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>817 S. Houston</i>	
				City <i>Ft. Meade</i> FL Zip Code <i>33841</i>	
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: <i>Jewel True</i>				DATE: <i>03/15/07</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, TOMMY		NAME		
STREET ADDRESS	218 MAPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. MEADE, FL		CITY-ST-ZIP		
P		<input type="checkbox"/> Delete	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRIDGE, MARLAN		NAME		
STREET ADDRESS	POB 326		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
VD		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WALTER		NAME		
STREET ADDRESS	1390 PARISH RD		STREET ADDRESS		
CITY-ST-ZIP	FT MEADE, FL 33841		CITY-ST-ZIP		
DS		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JULIE		NAME		
STREET ADDRESS	POB 278		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
D		<input type="checkbox"/> Delete	P/O.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, JEWEL		NAME		
STREET ADDRESS	819 HOUSTON AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
D		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Richard Yates</i>		NAME		
STREET ADDRESS	<i>410 S.E. 3rd St</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Ft. Meade, FL 33841</i>		CITY-ST-ZIP		
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>Jewel True</i> Jewel True				DATE: <i>03/15/07</i> 863-285-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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