


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90016 029 \*\*\*\*61.25

<b>DOCUMENT # N01840</b> 1. Entity Name <b>FIRST CHURCH OF GOD, INC.</b>					
Principal Place of Business <b>215 SOUTH PERRY AVENUE P.O. BOX 903 FORT MEADE, FL 33841-3611</b>			Mailing Address <b>829 D N LANIER AVE FORT MEADE, FL 33841-3611</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 903</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>FORT MEADE, FL</b> Zip                      Country <b>33841-3611      POLK</b>		4. FEI Number <b>59-2404216</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TRUE, JEWEL 817 S HOUSTON FT MEADE, FL 33841</b>			7. Name and Address of New Registered Agent Name <b>MARLEN GOODRIDGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>619 NASHUA AVENUE N.</b> City <b>FORT MEADE</b> State <b>FL</b> Zip Code <b>33841</b>		
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 <b>MARLEN GOODRIDGE</b> <i>Marlen Goodridge</i> <b>3/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, RICHARD 410 SE 3RD ST FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILLY PAUTZ 300 S. WASHINGTON AVE., LOT 10 FORT MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODRIDGE, MARLAN POB 326 FORT MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLEN GOODRIDGE 619 DASHUA AVENUE N. FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, WALTER 1390 PARISH RD FT MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHER, JULIE POB 278 FORT MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUE, JEWEL 819 HOUSTON AVE FORT MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY GUIDO 128 LANIER AVE, S. FORT MEADE, FL 33841	<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 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.					
<b>SIGNATURE: MARLEN GOODRIDGE</b> <i>Marlen Goodridge</i> <b>3/26/08</b> <b>863-285-9754</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					