

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008651

1. Entity Name
FIRST CHURCH FIVE-FOLD FELLOWSHIP MINISTRIES,
INC.



Principal Place of Business
1301 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34985

Mailing Address
3900 SW HAINLIN ST
PORT SAINT LUCIE, FL 34953

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

07032008

Chg-NP

CR2E037 (12/06)

4. FEI Number

54-2129367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPLEBY, HOMER P
ONE PARK PLACE, 621 NW 53RD ST., STE. 240
BOCA RATON, FL 33487

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

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 P ☐ Delete
NAME WHITAKER, VERNON
STREET ADDRESS 3900 SW HAINLIN ST
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME **200132922382**
STREET ADDRESS **07/15/08--01006--007 **61.25**
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WHITAKER, BETTY
STREET ADDRESS 3900 SW HAINLIN ST
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DAVIS, ANDREA
STREET ADDRESS 11661 WEST ATLANTIC UNIT 1003
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JOHNSON, KENYA
STREET ADDRESS 1307 SE WALTON LAKES DR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUL -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

