

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008651

FILED  
Feb 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1689 BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

3900 SW HAINLIN ST  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 54-2129367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WHITAKER, VERNON  
Address: 3900 SW HAINLIN ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP  
Name: WHITAKER, BETTY  
Address: 3900 SW HAINLIN ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T  
Name: WILLIAMS, GLORIA  
Address: 3110 W. DIXIE BLVD  
City-St-Zip: FORT PEIRCE, FL 34946

Title: S  
Name: WILLIAMS, DAINE  
Address: 652 NW KILPATRICK AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERNON WHITAKER

P

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date