2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011441

FILED Mar 05, 2009 Secretary of State

Entity Name: PLANT CITY CHURCH OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 2103 MUD LAKE ROAD PLANT CITY, FL 33566 **Current Mailing Address: New Mailing Address:** P.O.BOX 4768 PLANT CITY, FL 33563 FEI Number: 65-1239356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRIN, ROBERT P 2103 MÚD LAKE ROAD US PLANT CITY, FL 33566 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HERRIN, ROBERT P Name: Name: 2103 MUD LAKE ROAD Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: () Delete Title: **VPTD** (X) Change () Addition GALES, FRANK W Name: GALES, FRANK W Name: Address: 2103 MUD LAKE ROAD Address: 2103 MUD LAKE ROAD City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: PLANT CITY, FL 33566 Title: () Delete Title: STD (X) Change () Addition COLKMIRE, BROWNIE SUMNER, GREG Name: Name: Address: 2103 MUD LAKE ROAD Address: 2103 MUD LAKE ROAD City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: PLANT CITY, FL 33566 Title: (X) Delete Title: () Change () Addition Name: WITCHOSKEY, MICHAEL Name: Address: 2103 MUD LAKE ROAD Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: (X) Delete Title: () Change () Addition HALL, ALVY L Name: Name: 2103 MUD LAKE RD Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: (X) Delete Title: () Change () Addition HUNTER, DENNIS L Name: Name: Address: 2103 MUD LAKE ROAD Address: PLANT CITY, FL 33566 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT P. HERRIN PD 03/05/2009