FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04397** **(8)**

1. Corporation Name

THE FIRST TRUE CHURCH OF GOD OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O THOMAS STREITFERDT SR. 2001 S.E. SAILFISH POINT BLVD. 112 STUART FL 34996-1990	C/O THOMAS STREITFERDT SR. 2001 S.E. SAILFISH POINT BLVD. 112 STUART FL 34996-1990

3. Date Incorporated or Qualified: **07/23/1984**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **65-0152411** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STREITFERDT, THOMAS SR.
2001 SE SAILFISH PT BLVD #112
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 4/24/94
Signature of person in person name of registered agent and title if applicable — NOTE: Registered Agent signature required when executing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☒ Addition
NAME	STREITFERDT, THOMAS SR.	12 NAME	
STREET ADDRESS	12 WESTGATE LANE	13 STREET ADDRESS	
CITY ST ZIP	OLD FIELD NY 11733	14 CITY ST ZIP	11733
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	TAPPER, ISSAC	22 NAME	
STREET ADDRESS	15 SUN VALLEY DRIVE	23 STREET ADDRESS	
CITY ST ZIP	CORAM NY 11727	24 CITY ST ZIP	11727
TITLE	DS	31 TITLE	☐ Change ☒ Addition
NAME	STREITFERDT, THOMAS JR.	32 NAME	
STREET ADDRESS	42 GREENHAVEN DRIVE	33 STREET ADDRESS	
CITY ST ZIP	PT JEFFERSON STN NY 11776	34 CITY ST ZIP	11776
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 fiduciary empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ T Thomas Sec/Vice Pres. 4/24/94 516-324-3050
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021087