

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04397** (8)  
1. Corporation Name  
**THE FIRST TRUE CHURCH OF GOD OF FLORIDA, INC.**

Principal Place of Business <b>C/O THOMAS STREITFERDT SR. 2001 S.E. SAILFISH POINT BLVD. 112 STUART FL 34996-1900</b>	Mailing Address <b>C/O THOMAS STREITFERDT SR. 2001 S.E. SAILFISH POINT BLVD. 112 STUART FL 34996-1900</b>
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2. Principal Place of Business <b>847 Deacon St. - N.W.</b>	2a. Mailing Address <b>P.O. Box 386</b>
21. Suite, Apt. #, etc. <b>40 Eld. Daniel Robinson</b>	27. Suite, Apt. #, etc. <b>Port Jefferson, N.Y.</b>
22. City & State <b>Palm Bay, FLA.</b>	28. City & State <b>Port Jefferson, N.Y.</b>
23. Zip <b>32907</b>	29. Zip <b>11777</b>
24. Country <b>USA</b>	30. Country <b>USA</b>

3. Date Incorporated or Qualified <b>07/23/1984</b>	
4. FEI Number <b>65-0152411</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STREITFERDT, THOMAS SR. 2001 SE SAILFISH PT BLVD #112 STUART FL 33494</b>	10. Name and Address of New Registered Agent <b>81 82 Street Address (P.O. Box Number is Not Acceptable) 847 Deacon St. - North West 83 C/o Rev. Daniel Robinson 84 City Palm Bay FL 85 Zip Code 32907</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE Thomas Streitferdt Sr. DATE 1/22/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>DPT</b>	<input type="checkbox"/> DELETE
NAME <b>STREITFERDT, THOMAS SR.</b>	
STREET ADDRESS <b>12 WESTGATE LANE</b>	
CITY-ST-ZIP <b>OLD FIELD NY</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TAPPER, ISSAC</b>	
STREET ADDRESS <b>15 SUN VALLEY DRIVE</b>	
CITY-ST-ZIP <b>CORAM NY</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>STREITFERDT, THOMAS JR.</b>	
STREET ADDRESS <b>42 GREENHAVEN DRIVE</b>	
CITY-ST-ZIP <b>PT JEFFERSON STN NY</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 trustee 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 Thomas Streitferdt Sr. DATE 2/2-3/98-7380  
Signature and typed or printed name of signing officer or director. Daytime Phone # optional

CR2E037 (10/97)