

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009340

FILED
Mar 20, 2009
Secretary of State

Entity Name: FIRST CHURCH OF GOD, INC. LIVE OAK

Current Principal Place of Business:

721 WEST 3 AVENUE
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 782
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-2940725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANN, LEONA J PASTOR
8181 MERIVALE RD.
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

COUSAN, LARRY F PASTOR
10799 BODDENDS ROAD
JACKSONVILLE, FL 32219 US

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: LARRY F. COUSAN

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DONALD B CLERK
Address: 535 TAYLOR ST.
City-St-Zip: LIVE OAK, FL 32060

Title: S () Delete
Name: WILLIAMS, WANDA
Address: 535 TAYLOR ST.
City-St-Zip: LIVE OAK, FL 32060

Title: CHRM () Delete
Name: PHILPOT, LEORY TRUSTEE
Address: 194 JOHNSON BLVD.
City-St-Zip: LIVE OAK, FL 32060

Title: T () Delete
Name: BROADNAX, DARCY
Address: 1175 74TH TRACE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DONALD B. WILLIAMS

DEAC

03/20/2009

Electronic Signature of Signing Officer or Director

Date