


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90065 041 ****61.25

DOCUMENT # N50503			
1. Entity Name THE FIRST CHURCH OF GOD, INC.			
Principal Place of Business 2915 ST. JOHNS AVE. PALATKA FL 32177		Mailing Address 2915 ST. JOHNS AVE. PALATKA FL 32177	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUTTON, BOBBY E 105 VIKING ST PALATKA BEACH FL 32117 PALATKA, FL 32177		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Bobby Sutton - TREASURER</i>		<i>Bobby Sutton</i> 02-06-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DC BECK, EDWARD N 218 OAK RIDGE DR WELAKA FL 32193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T SUSAN COTHRON 106 RIO VISTA AVE. EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T JONES, MARTHA 117 RIDGE ST POMONA PARK FL 32181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T BROWN, TOMMY 405 LIGHTNING LANE INTERLACHEN FL 32148	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T ALLEN, HENCE 112 NOBLES TERR PALATKA FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T SUTTON, PATSY 105 VIKING ST. PALATKA FL 32177	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T ODOM, ROBERT 408 LIGHTNING LANE INTERLACHEN FL 32148	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T HOMER TURNER P.O. BOX 741 PALATKA, FL. 32178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATSY H. SUTTON *Patsy H. Sutton* **Chairperson Board** **386-328-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR