

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90025 023 \*\*\*\*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 (10/07)

4. FEI Number  
59-2347417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTON, BOBBY E  
105 VIKING ST.  
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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	BECK, EDWARD N	
STREET ADDRESS	218 OAK RIDGE DR	
CITY- ST- ZIP	WELAKA FL 32193	
TITLE	T	<input type="checkbox"/> Delete
NAME	COTHRON, SUSAN	
STREET ADDRESS	106 RID VISTA AVE	
CITY- ST- ZIP	EAST PALATKA FL 32131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWN, TOMMY	
STREET ADDRESS	405 LIGHTNING LANE	
CITY- ST- ZIP	INTERLACHEN FL 32148	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, HENCE	
STREET ADDRESS	112 NOBLES TERR	
CITY- ST- ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUTTON, PATSY	
STREET ADDRESS	105 VIKING ST.	
CITY- ST- ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, HOMER	
STREET ADDRESS	PO BOX 741	
CITY- ST- ZIP	PALATKA FL 32178	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCE, DAVID M.	
STREET ADDRESS	2607 LAUREL ST	
CITY- ST- ZIP	PALATKA, FL. 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	JONES, MARSHALL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	399 COUNTY ROAD 207A	
STREET ADDRESS	EAST PALATKA, FL 32131	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: Bobby E. Sutton Bobbie Sutton

FEB 1, 2008

386-328-0001