

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N92000000392 (2)**  
1. Corporation Name  
**FIRST CHURCH OF GOD OF LABELLE INCORPORATED**



Principal Place of Business  
**60 FLORIDA STREET  
LABELLE FL 33935  
US**

Mailing Address  
**PO BOX 370  
LABELLE FL 33935**

3. Date Incorporated or Qualified <b>11/20/1992</b>	3a. Date of Last Report <b>02/06/1995</b>
4. FEI Number <b>59-6598960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>STONE, WESLEY B. 401 FIRST AVE LABELLE FL 33935</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.009, Florida Statutes.

SIGNATURE *Rev. Wesley B. Stone* (NOTE: Registered Agent signature required when reinstating) DATE **1-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANNERM, GENE</b>	1.2 NAME	
STREET ADDRESS	<b>251 S. LEE ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEESE, NELLIE</b>	2.2 NAME	<b>STONE, DOLLY</b>
STREET ADDRESS	<b>445 WHIDDEN ROAD</b>	2.3 STREET ADDRESS	<b>401 FIRST AVE.</b>
CITY-ST-ZIP	<b>LABELLE FL</b>	2.4 CITY-ST-ZIP	<b>LABELLE, FL 33935</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLYMONT, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>3082 CASTLETON BOX 947</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, KEITH</b>	4.2 NAME	
STREET ADDRESS	<b>1625 COUNTY ROAD 78</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, REV WESLEY B.</b>	5.2 NAME	
STREET ADDRESS	<b>401 FIRST AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LABELLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HRRNANDEZ, DARLENE</b>	6.2 NAME	<b>HOWARD, JUANNE</b>
STREET ADDRESS	<b>P.O. BOX 1281-445 WHIDDEN RD</b>	6.3 STREET ADDRESS	<b>Box 2001 C.R. 78 W</b>
CITY-ST-ZIP	<b>LABELLE FL</b>	6.4 CITY-ST-ZIP	<b>LABELLE, FL 33935</b>

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)(k), 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: *Rev. Wesley B. Stone* DATE: **1-22-96** Daytime Phone #

CR2E037 (12/95)