

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 80 FLORIDA STREET LABELLE FL 33935 US	Mailing Address PO BOX 370 LABELLE FL 33975-0370
--	--

2. Principal Place of Business 21 SAME AS ABOVE Suite, Apt. #, etc. 22 City & State 23 Labelle FLORIDA Zip 24 33935 Country 25 HENRY	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc. 27 City & State 28 Labelle FLORIDA Zip 29 33935 Country 30 HENRY
---	--

3. Date Incorporated or Qualified 11/20/1992	3a. Date of Last Report 01/31/1996
4. FEI Number 59-6598960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
STONE, WESLEY B.
401 FIRST AVE
LABELLE FL 33935

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 617.0503, Florida Statutes.
SIGNATURE Rev. Wesley B. Stone PASTOR DATE 1-6-1997
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature, required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> DELETE
NAME	TANNERM, GENE	
STREET ADDRESS	251 S. LEE ST	
CITY-ST-ZIP	LABELLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STONE, DOLLY	
STREET ADDRESS	401 FIRST AVE.	
CITY-ST-ZIP	LABELLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCLYMONT, JOHN	
STREET ADDRESS	3082 CASTLETON BOX 947	
CITY-ST-ZIP	LABELLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARBER, KEITH	
STREET ADDRESS	1625 COUNTY ROAD 78	
CITY-ST-ZIP	LABELLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STONE, REV WESLEY B.	
STREET ADDRESS	401 FIRST AVE	
CITY-ST-ZIP	LABELLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOWARD, JUANNE	
STREET ADDRESS	BOX 2001 CR 78 WEST	
CITY-ST-ZIP	LABELLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NONE	
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	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUDSON, GLEN	
3.3 STREET ADDRESS	910 EVANS RD.	
3.4 CITY-ST-ZIP	LABELLE, FL. 33935	
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 do 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, changed, or on an attachment with an address.

CR2E037 (9/96)