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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N92000000392

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 33935**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6598960	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		25	
Country		Country		30	
25		29		30	
29		30		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

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

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: *Darlene Hernandez Secretary* DATE: 4/13/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNERM, GENE	1.2 NAME	Rev Wesley B. Stone
STREET ADDRESS	251 S. LEE ST	1.3 STREET ADDRESS	401 First Ave
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	Labelle Fl 33935
TITLE	Trustee <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, DOLLY	2.2 NAME	Nellie Deese
STREET ADDRESS	401 FIRST AVE.	2.3 STREET ADDRESS	445 Whidden Rd
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	Labelle Fl 33935
TITLE	Trustee <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON GLEN	3.2 NAME	Darlene Hernandez
STREET ADDRESS	910 EVANS RD	3.3 STREET ADDRESS	PO Box 2168
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	Labelle Fl 33935
TITLE	Trustee <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HOWARD, ALLAN	4.2 NAME	
STREET ADDRESS	3634 FT KEIS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Keith Barber <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, REV WESLEY B.	5.2 NAME	PO Box 1625 County Road 78
STREET ADDRESS	401 FIRST AVE	5.3 STREET ADDRESS	Labelle Fl 33935
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	Vice Chairman
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOWARD, JUANNE	6.2 NAME	
STREET ADDRESS	BOX 2004 CR 78 WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Darlene Hernandez Secretary* DATE: 4/13/99 DAYTIME PHONE: 941-675-5380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)