

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90189 042 ****61.25

DOCUMENT # N92000000392

1. Entity Name

FIRST CHURCH OF GOD OF LABELLE INCORPORATED

Principal Place of Business

Mailing Address

80 FLORIDA STREET
 LABELLE FL 33935
 US

PO BOX 370
 LABELLE FL 33975-0370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6598960

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~STONE, WESLEY B.~~
 401 FIRST AVE
 LABELLE FL 33935

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DEESE, NELLIE**
 STREET ADDRESS **445 WHIDDEN ROAD**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE Change Addition
 NAME **Darlene Bass**
 STREET ADDRESS **401 1st Ave**
 CITY-ST-ZIP **Labelle Fl 33935**

TITLE Delete
 NAME **STONE, DOLLY**
 STREET ADDRESS **401 FIRST AVE.**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change Addition
 NAME **Keith Barber**
 STREET ADDRESS **1625 County Road 78**
 CITY-ST-ZIP **Labelle Fl 33935**

TITLE Delete
 NAME **HUDSON GLEN**
 STREET ADDRESS **910 EVANS RD.**
 CITY-ST-ZIP **LABELLE FL**

TITLE Change Addition
 NAME **Nellie Deese**
 STREET ADDRESS **445 Whidden Rd**
 CITY-ST-ZIP **Labelle Fl 33935** Treasurer

TITLE Delete
 NAME **HOWARD, ALLAN**
 STREET ADDRESS **3634 FT KEIS AVE**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CH STONE, WESLEY B REV**
 STREET ADDRESS **401 FIRST AVENUE**
 CITY-ST-ZIP **LABELLE FL 33975**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HERNANDEZ, DARLENE**
 STREET ADDRESS **P.O. BOX 2168**
 CITY-ST-ZIP **LABELLE FL 33975**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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: *(Signature)* SECRETARY 5/11/00 813-675-5380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)