2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE!

Secrétary of State DOCUMENT # N92000000392 07-15-2005 90018 030 ****61.25 FIRST CHURCH OF GOD OF LABELLE INCORPORATED Principal Place of Business Mailing Address Lynnagari **80 FLORIDA STREET** PO BOX 370 LABELLE, FL 33935 LABELLE, FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-6598960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STONE, WESLEY B. Street Address (P.O. Box Number is Not Acceptable) **401 FIRST AVE** LABELLE, FL 33935 City 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 Horida. I am familiar with, and accept the obligations of egistered agent. Darlere Her SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 ☐ Delcte Keith Barber Truste TITD F TITL F DEESE, NELLIE NAME NAME 1625 CR78 445 WHIDDEN ROAD STREET ADDRESS STREET ADDRESS LABELLE, FL 33935 ubelle pe 33935 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STONE, DOLLY NAME NAME STREET ADDRESS 401 FIRST AVE. STREET ADDRESS LABELLE, FL CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition THE NAME BARBER, DARLENE NAME STREET ADDRESS 1625 CR 78 STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-ZP Delete TITLE ☐ Addition TITLE ☐ Change MCLYMONT, JACOBS L NAME P O BOX 947 STREET ADDRESS STREET ADORESS LABELLE, FL 33975 CATY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STONE, WESLEY B REV NAME NAME STREET ADDRESS **401 FIRST AVENUE** STREET ADDRESS LABELLE, FL 33975 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Chance TITLE HERNANDEZ, DARLENE NAME NAME STREET ADDRESS P.O. BOX 2168 STREET ADDRESS LABELLE, FL 33975 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 pocific 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 attac

FILED Jul 15, 2005 8:00 am

Davime Phone #