

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/17/2007-90050-013-\$8.75-\$8.75

FILED

07 JUL -6 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

DOCUMENT # N92000000392 1. Entity 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6598960	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GORNOSKI, STEVE PO BOX 370 401 FIRST AVE LABELLE LABELLE FL 33975			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR DEESE, NELLIE 445 WHIDDEN ROAD LABELLE FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	600105624986 07/06/07--01025--006 **52.50
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TR BARBER, DARLENE 1625 CR 78 LABELLE FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST HERNANDEZ, DARLENE P.O. BOX 2168 LABELLE FL 33975	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Chairman Barber Keith 1625 CR 78 Labelle FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Trustee Ralph Hernandez PO Box 2168 Labelle FL 33975	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Trustee Kathleen McLean 1110 Castleton Terr Labelle FL 33935	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Darlene Hernandez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/14/07 8636755350 Date Daytime Phone #		