


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # N92000000392**  
 1. Entity Name  
**FIRST CHURCH OF GOD OF LABELLE INCORPORATED**



**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
**80 FLORIDA STREET**      **PO BOX 370**  
**LABELLE, FL 33935 US**      **LABELLE, FL 33935**



07232008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6598960</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GORNOSKI, STEVE**  
**PO BOX 370**  
**401 FIRST AVE LABELLE**  
**LABELLE, FL 33975**

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEESE, NELLIE 445 WHIDDEN ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BARBER, DARLENE 1625 CR 78 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, DARLENE P.O. BOX 2168 LABELLE, FL 33975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KEITH, BARBER 1625 CR 78 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, RALPH P.O. BOX 2168 LABELLE, FL 33975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLEAN, KATHLEEN 1110 CASTLETON TERR LABELLE, FL 33935

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U00000958030  
 08/20/08-80002-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Darlene Hernandez*      *Secretary/Treasurer*      8/16/08      803-675-5380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #