

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001261 (7)**  
1. Corporation Name

**THE FIRST CHURCH OF GOD, ORLANDO, FLORIDA, INC.**



Principal Place of Business Mailing Address  
**431 NORTH SEMORAN BOULEVARD  
ORLANDO FL 32807** **P O BOX 574345  
ORLANDO FL 32857**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified  
**03/18/1993**

4. FEI Number **59-1689739**  
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHEWNING, CHARLES G  
431 NORTH SEMORAN BOULEVARD  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 **Charles Chewning** **Charles G. Chewning** **6-7-98**  
Signature, typed or printed name of registered agent and title, if applicable (NO New Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>CHEWNING, CHARLES G</b>	
STREET ADDRESS	<b>2886 MERRIE OAKS ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATTHEWS, JAMES</b>	
STREET ADDRESS	<b>3500 SHAMROCK CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOFF, DON</b>	
STREET ADDRESS	<b>8425 ALVERON AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>CARMICHAEL, RHONDA</b>	
STREET ADDRESS	<b>4025 WHITE BIRCH WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>YODER, MAR</b>	
STREET ADDRESS	<b>5314 ANDOVER DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T/D MAY BARTELS</b>
2.3 STREET ADDRESS	<b>2836 Sherry Way</b>
2.4 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V/D Carmichael Rhonda</b>
3.3 STREET ADDRESS	<b>4025 White Birch Way</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Bob Newton</b>
4.3 STREET ADDRESS	<b>3612 S. Golden Rd</b>
4.4 CITY-ST-ZIP	<b>Orlando, FL 32822</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S Maria Goff</b>
5.3 STREET ADDRESS	<b>8425 Alveron Ave.</b>
5.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(i), 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 in an attachment with an address.

SIGNATURE: **Charles G. Chewning** **6-7-98**

CR2E037 (10/97)