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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001261					
1. Corporation Name THE FIRST CHURCH OF GOD, ORLANDO, FLORIDA, INC.					
Principal Place of Business 431 NORTH SEMORAN BOULEVARD ORLANDO FL 32807			Mailing Address P O BOX 574345 ORLANDO FL 32857		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/18/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1689739	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHEWNING, CHARLES G 431 NORTH SEMORAN BOULEVARD ORLANDO FL 32807				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME P STREET ADDRESS CHEWNING, CHARLES G CITY-ST-ZIP 2686 MERRIE OAKS ROAD WINTER PARK FL				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Winter Park, FL 32792			
TITLE <input type="checkbox"/> DELETE NAME TD STREET ADDRESS BARTELS, MAY CITY-ST-ZIP 2836 SHERY WAY WINTER PARK FL 32792				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2836 Sheriff Way 2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME VD STREET ADDRESS CARMICHAEL, RHONDA CITY-ST-ZIP 4025 WHITE BIRCH WAY ORLANDO FL 32817				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS Marc Yoder 3.4 CITY-ST-ZIP 537 Sunridge Woods Blvd. Davenport, FL 33837			
TITLE <input checked="" type="checkbox"/> DELETE NAME SD STREET ADDRESS CARMICHAEL, RHONDA CITY-ST-ZIP 4025 WHITE BIRCH WAY ORLANDO FL				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS Susan Lineberger 4.4 CITY-ST-ZIP 6300 Yellowstone St. Orlando, FL 32707			
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS GOFF, MARIA CITY-ST-ZIP 8425 ALYREA AVE ORLANDO FL 32817				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS Marie Tatman 5.4 CITY-ST-ZIP 542 Hibiscus Way Orlando, FL 32707			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				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 on an attachment with an address, with all other like empowered.

SIGNATURE: MAY BARTELS SIGNATURE REQUIRED MAY BARTELS 3/22/1999 (407) 539-3993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)