FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N96-5418

FILED May 06 1997 8:00am Secretary of State

Tr. Components	"'First Church Of Go	d, Osprey,F1	Inc.				
,	N. Tamiami Trail ey, Fl	Mailing Address P. O. Box Osprey, 1 34229					
3422	.9	0,22,			3. Date Incorporated or Qualified	3a. Date of Last R	eport
					Oct. 23.1996	None	1
2. Principal F	Place of Business	2a. Mailing Addres	s		4. FEL Number 20959	Ap	plied For
21		26			39-1920939	No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	\$8.75	
22		27			No	Fee Re	
City & Stat	е	City & State		1	6. Election Campaign Financing	\$5.00	
23 Z-p	Country	26 Zip	Count	'rv	Trust Fund Contribution No	Added !	
24	25	29	30		This corporation has liability for Florida Statutes	Yes No	199.032,
15-71	9. Name and Address of Current		1901		10. Name and Address of New Ro		
Mr F	loyd Jeune		8	1 Name			
	Palm Air Dr		ا ا	9 5 4	4s Shirley Watts	61-3	
[Street A	1s Shirley Watts odress (P.O. Box Number is Not Accepta Patterson St	pie)	
Arbo			8				
	ey, F1		<u> </u>	_	7000021	78537_	
3422	9		Į8	City Os	sprey -05/14/9701	093 ⊨₁009 13%	Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508, Florida	Statutes, the abo	ve-named o	corporation submits that statement for the	purpose of changing it	s registered
office or i	registered agent, or both, in the State	of Florida, Such change	was authorized	by the corpo	oration's board of directors, t hereby acce	pt the appointment as	registered
1	•			1 1. 1			
SIGNATURE	Ms. Shirley Watters	Chairman of	BONT Chemister of	geht signature r	equired when reinstating)	-29-97	
12.	OFFICERS AND	DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI		S IN 12
THE	Member Of Board	☐ pcri	TE 1.1 TOTAL		Chairman of The Board	☐ Change	S IN 12 S
NAME	Ms Marlene Gau		1.2 NAM	E }	Ms. Shirley Watts		
STREET ADDRESS	12492 E. Richfield	ı DA	1.3 STRE	ET ADDRESS	10 Patterson St (P.O.)	Box 323)	ប្តី
CHY-ST-ZIP	Davison, Mi 48423			-ST-ZIP	Osprey, F1 34229		One of the A
TITLE	Davison, MI 40423	☐ DELI	TE 2.1 TITL	Ü	Nember of Board	Change	L. Addition
NAME			2.2 NAM	E [Mr. L.G. Watts		ſ
STREET ADDRESS				ET ADDRESS	10 Patterson St (P.O.)	Box 323)	
CITY-ST-7IF		T Aru		/-ST-ZIP	Osprey, F1 34229	1 1 0b	1 1 2 2 2 2 2 2
TIFLE		☐ DELU		· •	Member of Board	Change	Addition
NAME			3.2 NAM		Mr. Elmo Allemong		1
STREET ADDRESS	}			ET ADDRESS	7349 Starfish Dr		J
TITE		DELE		(-ST-ZIP	Sarasota, F1 34231	Change	Addition
NAME			4.2 NAM		Member of Board Mr. Odell McFarland	C overige	C Addition
STREET ADDRESS		.\ ^	1				ļ
CITY-ST-ZIP	1	M ar			43 W. Oak St		8
JULE - SI-YIL	<i> </i> -	DELE			Osprey, F1 34229	☐ Change	Addition
NAME		くで <i>ぬ</i>	5.2 NAM	_E ν	Member of Board Ms. Diane Baldwin		
STREET ADORESS	1	3	2	ET ADDRESS	5659 Summerside Lane		1
CITY-S1-ZIP	1			-ST-ZIP	Sarasota, F1 34231		
Title		☐ DELU			Member of Board	☐ Change	Addition
NAME	1		6.2 NAM	E 1	Ms. Esther Barrett		1
STREET ADDRESS			6.3 STRE	ET ADDRESS	42 W. Oak St (Lot A-	2)	
C(Ty - ST - Z)P					Osprey, F1 34229		
14. I do here	by certify that the information supplied	with this filing does no	t qualify for the e	xemption sta	ated in Section 119.07(3)(i), Florida Statute	es. I further certify that	the

Thornation indicated on this armula report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of Lam 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.

SIGNATURE: Watts, Chairman of Board

(941-918-9401)