

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005418 (6)**

1. Corporation Name

FIRST CHURCH OF GOD, OSPREY, FLORIDA, INC.

Principal Place of Business

Mailing Address

**235 N. TAMiami TRAIL
OSPREY FL 34229**

**PO BOX 75
OSPREY FL 34229**



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

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

59-1920959

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

**WATTS, SHIRLEY
10 PATTERSON STREET
OSPREY FL 34229**

10. Name and Address of New Registered Agent

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEMONG, ELMO
STREET ADDRESS	7349 STAFFISH DRIVE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GAUL, MARLENE
STREET ADDRESS	31 OGDEN
CITY-ST-ZIP	OSPREY FL 34229
TITLE	D <input type="checkbox"/> DELETE
NAME	BARRETT, ESTHER
STREET ADDRESS	42 W. OAK ST., LOT A-2
CITY-ST-ZIP	OSPREY FL 34229
TITLE	D <input type="checkbox"/> DELETE
NAME	MCFARLAND, ODELL
STREET ADDRESS	43 W. OAK ST.
CITY-ST-ZIP	OSPREY FL 34272
TITLE	P <input type="checkbox"/> DELETE
NAME	DOUGLAS, THOMAS
STREET ADDRESS	3325 8TH STREET
CITY-ST-ZIP	OSPREY FL 34237-4707
TITLE	C <input type="checkbox"/> DELETE
NAME	WATTS, TED
STREET ADDRESS	10 PATTERSON STREET
CITY-ST-ZIP	OSPREY FL 34229

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D. BALDWIN DIANE
1.3 STREET ADDRESS	5639 SUMMERSIDE LN
1.4 CITY-ST-ZIP	SARASOTA FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE:

TEST SIGNATURE REQUIRED

Date

Daytime Phone #

0064859

CR2E037 (10/97)