

DOCUMENT # N96000005418

1. Entity Name

FIRST CHURCH OF GOD, OSPREY, FLORIDA/INC.

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FILED  
Jun 19, 2000 8:00 am  
Secretary of State

06-19-2000 90002 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

235 N. TAMiami TRAIL  
OSPREY FL 34229PO BOX 75  
OSPREY FL 34229-0075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1920959

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATTS, SHIRLEY  
10 PATTERSON STREET  
OSPREY FL 34229

7. Name and Address of New Registered Agent

Name

JEUNE, FLOYD

Street Address (P.O. Box Number is Not Acceptable)

201 PALM AVE DR. THE ARBORS

City

OSPREY

FL

Zip Code

34229

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.

SIGNATURE

FLOYD JEUNE, V.C.

*Floyd Jeune*

6-6-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BALDWIN, DIANE  
STREET ADDRESS 5659 SUMMERSIDE LN  
CITY-ST-ZIP SARASOTA FL 34231TITLE D ☐ Delete  
NAME BARRETT, ESTHER  
STREET ADDRESS 42 W. OAK ST., LOT A-2  
CITY-ST-ZIP OSPREY FL 34229TITLE D ☐ Delete  
NAME WOLF, DANNIEL  
STREET ADDRESS 37 W OAK ST  
CITY-ST-ZIP OSPREY FL 34229TITLE P ☐ Delete  
NAME DOUGLAS, THOMAS  
STREET ADDRESS 3325 8TH STREET  
CITY-ST-ZIP OSPREY FL 34237-4707TITLE C ☐ Delete  
NAME WATTS, TED  
STREET ADDRESS 10 PATTERSON STREET  
CITY-ST-ZIP OSPREY FL 34229TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition  
NAME BENNER, LEWIS  
STREET ADDRESS 7324 DEER CROSSING CT.  
CITY-ST-ZIP SARASOTA, FL. 34240

12. 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 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:

SIGNATURE REQUIRED *Floyd Jeune*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #