### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717774

Entity Name: FIRST CHURCH OF GOD OF PLANT CITY, INC.

**FILED** Mar 21, 2015 **Secretary of State** CC9234002220

# **Current Principal Place of Business:**

601 N. GORDON ST. PLANT CITY. FL 33563

# **Current Mailing Address:**

P.O. BOX 4135

PLANT CITY, FL 33563 US

FEI Number: 59-2162545 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

LAFEVER, W. NELL 103 W MAHONEY ST 110

PLANT CITY, FL 33563 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title D

PHAIRAS, CLARENCE B POPE. JIMMY E Name Name Address 4090 ROLLING OAKS Address 208 N MOBLEY ST. PLANT CITY FL 33567 City-State-Zip: City-State-Zip: WINTER HAVEN FL 33880

Title Title PD

Name MAUL, WILLIAM Name OLSON, RICHARD G

Address 3217 SLEEPY HILL RD Address 506 E. MORRELL DRIVE LAKELAND FL 33810

City-State-Zip: City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR Title

BEABOUT, JAMES Name Name BROWN, MARGARET Address 906 N. MERRIN STREET Address 1908 SPOONER DR City-State-Zip: PLANT CITY FL 33563 City-State-Zip: PLANT CITY FL 33563

Title MINISTER OF FAMILY LIFE

Name BRICKER, BETTY J

Address 2714 ABBEY GROVE DR. City-State-Zip: VALRICO FL 33594

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD OLSON Electronic Signature of Signing Officer/Director Detail CORP.CHAIRMAN

03/21/2015