PLANT CITY, F				
Current Mai	ling Address:			
P.O. BOX 41 PLANT CITY	135 7, FL 33563 US			
FEI Number: 59-2162545 Ce			Certificate of Status De	esired: No
Name and A	Address of Current Registered Agent:			
	IED. THOMAS E			
DEGRAFFENR 504 CHICKADE PLANT CITY, F	ECT			
504 CHICKADE PLANT CITY, F	ECT	stered office or regis	tered agent, or both, in the State of	Florida.
504 CHICKADE PLANT CITY, F The above named	EE CT IL 33565 US	stered office or regis	tered agent, or both, in the State of	Florida. 04/30/2024
504 CHICKADE PLANT CITY, F The above named	E CT L 33565 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of	
504 CHICKADE PLANT CITY, F The above named	E CT L 33565 US d entity submits this statement for the purpose of changing its regis E: THOMAS DEGRAFFENRIED Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of	04/30/2024
504 CHICKADE PLANT CITY, F The above named SIGNATURE	E CT L 33565 US d entity submits this statement for the purpose of changing its regis E: THOMAS DEGRAFFENRIED Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of	04/30/2024
504 CHICKADE PLANT CITY, F The above named SIGNATURE Officer/Dire	E CT L 33565 US d entity submits this statement for the purpose of changing its regis E: THOMAS DEGRAFFENRIED Electronic Signature of Registered Agent ctor Detail :			04/30/2024
504 CHICKADE PLANT CITY, F The above named SIGNATURE Officer/Dired Title	EE CT L 33565 US d entity submits this statement for the purpose of changing its regis E: THOMAS DEGRAFFENRIED Electronic Signature of Registered Agent Ctor Detail : D, /VICE CHAIRMAN	Title	D, /CHAIRMAN	04/30/2024

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: WILLIAM MAUL

04/30/2024 CHAIRMAN LEADERSHIP TEAM

Electronic Signature of Signing Officer/Director Detail

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 717774** 

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

## **Current Principal Place of Business:**

601 N. GORDON ST.

FILED Apr 30, 2024 Secretary of State 4428231088CC