Entity Name: FIRST CHU	IRCH OF GOD, FLORAHOME, FLORIDA, INC.
Current Principal Place	of Business:
1167 HWY 100	
FLORAHOME, FL 32140-0055	
Current Mailing Address	::
P. O. BOX 55	
FLORAHOME, FL 32140	)-0055 US
FEI Number: 59-2035445	C
Name and Address of C	urrent Registered Agent:
VARNES, JOSETTE TREASUR 1000 CTY RD 315 N. / BOX 126	
126 FLORAHOME, FL 32140-0126	US
The above named entity submits this	s statement for the purpose of changing its registered office or registered

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ed agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

**DOCUMENT# 740456** 

Title	Т	Title	TRUSTEE	
Name	ARONSON, CHARLES	Name	FLOWERS, SARAH	
Address	4850 M. LAKE ROAD	Address	PO BOX 55	
City-State-Zip:	KEYSTONE HEIGHTS FL 32656	City-State-Zip:	FLORAHOME FL 32140	
Title	Т	Title	т	
Name	CARNES, BETTY A	Name	GAINEY, KENNETH	
Address	507 CORAL FARMS RD. , PO BOX 205	Address	829 E. HILLSBOROUGH AVE PO BOX 214	
City-State-Zip:	FLORAHOME FL 32140-0205	City-State-Zip:	FLORAHOME FL 32140	

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.

TRUSTEE

## SIGNATURE: BETTY A. CARNES

Electronic Signature of Signing Officer/Director Detail

ertificate of Status Desired: Yes

Date