

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000392

**Entity Name:** FIRST CHURCH OF GOD OF LABELLE INCORPORATED

**Current Principal Place of Business:**

455 W HWY 80  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 370  
LABELLE, FL 33975

**FEI Number: 59-6598960**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIRST CHURCH OF GOD OF LABELLE INC  
455 HWY 80 WEST  
LABELLE, FL 33935 US

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**6246723424CC**

*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: DARLENE HERNANDEZ SECRETARY**

**04/29/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TRE  
Name           HERNANDEZ, DARLENE  
Address        PO BOX 2168  
City-State-Zip: LABELLE FL 33975

Title           ST  
Name           HERNANDEZ, DARLENE  
Address        PO BOX 2168  
City-State-Zip: LABELLE FL 33975

Title           PASTOR  
Name           KEITH, BARBER  
Address        1625 CR 78  
City-State-Zip: LABELLE FL 33935

Title           T  
Name           HERNANDEZ, RALPH  
Address        PO BOX 2168  
City-State-Zip: LABELLE FL 33975

Title           T  
Name           MCLEAN, KATHLEEN  
Address        1110 CASTLETON TERR  
City-State-Zip: LABELLE FL 33935

Title           AUTHORIZED MEMBER  
Name           HERNANDEZ, ARIANA  
Address        PO BOX 2168  
City-State-Zip: LABELLE FL 33975-2168

Title           AUTHORIZED MEMBER  
Name           DRUMMOND, AVIS  
Address        4677 SANDALWOOD  
City-State-Zip: LABELLE FL 33935

*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: DARLENE HERNANDEZ**

**SECRETARY**

**04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date