

**2015 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: Yes**

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

FIRST CHURCH OF GOD OF LABELLE INC  
455 HWY 80 WEST  
LABELLE, FL 33935 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: DARLENE HERNANDEZ SECRETARY**

**04/22/2015**

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 T  
Name BARBER, DARLENE  
Address 1625 CR 78  
City-State-Zip: LABELLE FL 33935

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

Title C  
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 PASTOR  
Name DUGAL, JILL  
Address PO BOX 370  
City-State-Zip: LABELLE FL 33975

*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**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date