

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4: 24

DOCUMENT # 707838 (9)
1. Corporation Name
THE FIRST PENTECOSTAL TABERNACLE, INC. OF TAMPA

Principal Place of Business Mailing Address
7416 E. MOHAWK AVE. TAMPA FL 33610
7416 E. MOHAWK AVE. TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1964	3a. Date of Last Report 02/16/1994
4. FEI Number 59-2891230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	20 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
MCNATT, REV. HUGH A.
7420 E. MOHAWK AVE.
TAMPA FL 33610

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNATT, H.A.
STREET ADDRESS	7420 E. MOHAWK AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	AUTREY, SYLVIA
STREET ADDRESS	7410 E. DELEUIL AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	MCNATT, MARY L.
STREET ADDRESS	742 E. MOHAWK AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	AUTREY, W.G.
STREET ADDRESS	7410 E. DELEUIL AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	MCNATT, H.A.
STREET ADDRESS	7420 E. MOHAWK AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BILES, MICHAEL E.
STREET ADDRESS	3527 LISA LANE
CITY - ST - ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SYLVIA F. AUTREY *Sylvia F. Autrey* 1/27/95 624-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
623-2253