

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **09/18/1964**
3a. Date of Last Report: **02/02/1995**

| | | | | | | | | | |
|----|--------------------------------|----|---------------------|----|-----------------------------------------------------|--------------------------|--------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 59-2891230 | Applied For | <input type="checkbox"/> | Not Applicable | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 | Additional Fee Required | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 | May Be Added to Fees | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNATT, H.A. | 1.2 NAME | |
| STREET ADDRESS | 7420 E. MOHAWK AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUTREY, SYLVIA | 2.2 NAME | |
| STREET ADDRESS | 7410 E. DELEUIL AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNATT, MARY L. | 3.2 NAME | |
| STREET ADDRESS | 742- E. MOHAWK AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUTREY, W.G. | 4.2 NAME | |
| STREET ADDRESS | 7410 E. DELEUIL AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNATT, H.A. | 5.2 NAME | |
| STREET ADDRESS | 7420 E. MOHAWK AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BILES, MICHAEL E. | 6.2 NAME | |
| STREET ADDRESS | 3527 LISA LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 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 119.07(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 617, 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 Date: 2/2/96 Daytime Phone #: (813) 423-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)