## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

THE FIRST PENTECOSTAL TABERNACLE, INC. OF TAMPA

Principal Plac	pe of Business	Mailing Address					
7416 E. MOHAWK AVE. TAMPA FL 33610		7416 E. MOHAWK AVE. TAMPA FL 33610-4218					
					3. Date Incorporated or Qualified 09/18/1964	3a. Date of Las 02/09/1	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-2891230		Applied For	
21 26 Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		The Applicate		Not Applicable
27		<del></del>			5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing	, s		
Zip	Country	<b>Zip</b>	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		ed to Fees
24	25	29	30	y	8. This corporation has liability for Florida Statutes	intangible tax unde ☑ Yes <b>汉</b> Ĵ No	er s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
MCNATT, REV. HUGH A.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
7420 E. MOHAWK AVE. TAMPA FL 33610				3			
IVIMEVI	L 55010		ļ				
			84	City		FL  85   Z	ip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the above	re-named cor	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changin	g its registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statute	ss.	more board of directors, i hereby acces	л ше арропштен	as registered
SIGNATURE	Signature, typed or printed name of registered ago	out and tills if anyle able (AV	N. Desistand As		Ireo when reinstating)		
12.	OFFICERS AN		13.	tent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE			Chang	
NAME	MCNATT, H.A.		1.2 NAME				
STREET ADDRESS	7420 E. MOHAWK AVE.		1.3 STREE	7 ADDRESS			
CITY-ST-ZIP TITLE	TAMPA FL S	☐ DELETE	1.4 CITY-	S1-ZIP			<b></b>
NAME	AUTREY, SYLVIA	[ ] OLLEN	2.1 TITLE 2.2 NAME			☐ Chang	ge Addition
STREET ADDRESS	THAT I DELEMBER AND			T ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-	}			
TITLE	D	☐ DELETE 317				☐ Chang	ge Addition
NAME	MCNATT,MARY L.		3.2 NAME				
STREET ADDRESS	742- E. MOHAWK AVENUE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE	TAMPA FL D	☐ DELETE	3.4. CITY -	S1-ZIP		[7] Observe	
NAME	AUTREY,W.G.	better	4.1 TITLE 4. 2 NAME			Chang	ge
STREET ADDRESS	7410 E. DELEUIL AVENUE			1 ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-:	5			
TITLE	D	☐ DELE1E	5.1 TITLE			☐ Chang	e Addition
NAME	MCNATT,H.A.		5 2 NAME				
STREET ADDRESS	7420 E. MOHAWK AVENUE		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL	- Bailera	5.4 CITY-1	ST-ZIP			
TITLE NAME	DILEG MICHAELE	DELETE	6.1 TITLE			☐ Chang	e 🔟 Addition
STREET ADDRESS	BILES, MICHAEL E. 3527 LISA LANF		6.2 NAME	L ADDRESS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 roceiver or trusted 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.

**FILED** 

Mar 14 1997 8:00am

Secretary of State