FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:13

DOCUMENT # **709510** **(2)**

1. Corporation Name

PENTECOSTAL HOLINESS TABERNACLE OF GOD, INC.

Principal Place of Business	Mailing Address
619 30TH STREET EAST PALMETTO FL 34221	516 30TH STREET EAST PALMETTO FL 34221-2342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1965
3a. Date of Last Report: 07/22/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, OTIS REV.
619 30TH STREET EAST
PALMETTO FL 33561

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JOHSNON, OTIS BISHOP	12 NAME	
STREET ADDRESS	619 30TH STREET EAST	13 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JUANITA	22 NAME	
STREET ADDRESS	619 30TH STREET EAST	23 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	WARD, KERRI	32 NAME	
STREET ADDRESS	711 30TH STREET EAST	33 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	34 CITY-ST-ZIP	
TITLE	VTD	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LARRY	42 NAME	
STREET ADDRESS	1074 COLLETON DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	44 CITY-ST-ZIP	
TITLE	ATS	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SHEILA	52 NAME	
STREET ADDRESS	1074 COLLETON DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 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: Rev. Otis V. Johnson 3/21/95 (813)351-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0062772