

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **734674** (5)

1. Corporation Name

**SIMMONS PENTECOSTAL CHAPEL, INC.**



|                                                                                              |                                                                             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>STATE ROAD 318<br/>P.O. BOX 33<br/>CITRA FL 32113-0033</b> | Mailing Address<br><b>RT 1 BOX 350 E<br/>HAWTHORNE FL 32640-8041<br/>US</b> |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                |  |                        |  |                                                                                    |  |                                                                                                                                                  |  |
|--------------------------------|--|------------------------|--|------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>12/22/1975</b>                             |  | 3a. Date of Last Report<br><b>03/11/1996</b>                                                                                                     |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-2246965</b>                                                 |  | Applied For<br>Not Applicable                                                                                                                    |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75 Additional Fee Required</b>                                                                                                            |  |
| 23 Zip Country                 |  | 28 Zip Country         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                                                                                               |  |
| 24 Zip Country                 |  | 29 Zip Country         |  | 30 Zip Country                                                                     |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                                                                   |  |  |  |                                                       |  |  |  |
|-------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>NELSON, WILMA<br/>RT 1 BOX 350 E<br/>HAWTHORNE FL 32640</b> |  |  |  | 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 Wilma M. Nelson DATE 4/22/97  
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                      | D                          | <input type="checkbox"/> DELETE | 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                       | BOWEN, DOTTIE              |                                 | 1.2 NAME            |                                                                   |  |  |  |
| STREET ADDRESS             | 10400 E 318                |                                 | 1.3 STREET ADDRESS  |                                                                   |  |  |  |
| CITY - ST - ZIP            | ORANGE SPRINGS FL          |                                 | 1.4 CITY - ST - ZIP |                                                                   |  |  |  |
| TITLE                      | ST                         | <input type="checkbox"/> DELETE | 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                       | NELSON, WILMA              |                                 | 2.2 NAME            |                                                                   |  |  |  |
| STREET ADDRESS             | RTE 1 BOX 315              |                                 | 2.3 STREET ADDRESS  |                                                                   |  |  |  |
| CITY - ST - ZIP            | HAWTHORNE FL               |                                 | 2.4 CITY - ST - ZIP |                                                                   |  |  |  |
| TITLE                      | D                          | <input type="checkbox"/> DELETE | 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                       | MATCHETT, PATRICIA         |                                 | 3.2 NAME            |                                                                   |  |  |  |
| STREET ADDRESS             | 23521 NE 110TH CT. BOX 413 |                                 | 3.3 STREET ADDRESS  |                                                                   |  |  |  |
| CITY - ST - ZIP            | ORANGE SPRINGS FL 32182    |                                 | 3.4 CITY - ST - ZIP |                                                                   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE | 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                       |                            |                                 | 4.2 NAME            |                                                                   |  |  |  |
| STREET ADDRESS             |                            |                                 | 4.3 STREET ADDRESS  |                                                                   |  |  |  |
| CITY - ST - ZIP            |                            |                                 | 4.4 CITY - ST - ZIP |                                                                   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE | 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                       |                            |                                 | 5.2 NAME            |                                                                   |  |  |  |
| STREET ADDRESS             |                            |                                 | 5.3 STREET ADDRESS  |                                                                   |  |  |  |
| CITY - ST - ZIP            |                            |                                 | 5.4 CITY - ST - ZIP |                                                                   |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE | 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                       |                            |                                 | 6.2 NAME            |                                                                   |  |  |  |
| STREET ADDRESS             |                            |                                 | 6.3 STREET ADDRESS  |                                                                   |  |  |  |
| CITY - ST - ZIP            |                            |                                 | 6.4 CITY - ST - ZIP |                                                                   |  |  |  |

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 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: Wilma M. Nelson DATE 352 546-5989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)