

FILE NOW: FILING FEE AFTER 3-30-95 8-2791 ME MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10: 52

DOCUMENT # 740148 (2)

1. Corporation Name

ST. PAUL PENTECOSTAL CHURCH OF JESUS, INDEPENDENT, INC.

Principal Place of Business

Mailing Address

INDEPENDENT, INC., P.O. BOX 2882
1818 MOSLEY STREET
JACKSONVILLE FL 32203

INDEPENDENT, INC., P.O. BOX 2882
1818 MOSLEY STREET
JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1977

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2952214

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRACLE TEMPLE CHURCH OF JESUS CHRIST
1818 MOSLEY STREET
P.O. BOX 2882
JACKSONVILLE FL 32203

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 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

Signature: Typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	TAYLOR, LILLIAN	1748 SPIRES ST.	JACKSONVILLE, FL 00000
SD	STROMING, GLORIA	1818 MOSELEY ST	JACKSONVILLE, FL 00000
DP	MYRICKS, REV CLEO B	1818 MOSELEY ST.	JACKSONVILLE, FL 00000
DCS	COUNCIL, JOE	1911 W 4TH ST	JACKSONVILLE, FL 00000

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

LA CON Williams
1818 Moseley St.
JACKSONVILLE FL 32207

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 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:

Cleo Myricks, CLEO MYRICKS

3-20-95 (404) 3981143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number 8