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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:34

DOCUMENT # **746261** **(7)**

1. Corporation Name

FLORIDA STATE COUNCIL OF THE PENTECOSTAL ASSEMBLIES OF THE WORLD, INC.

Principal Place of Business	Mailing Address
17593 DEER ISLAND CIRCLE P O BOX 68 KILLARNEY FL 34740 US	17593 DEER ISLAND CIRCLE P O BOX 68 KILLARNEY FL 34740 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1979
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2303040 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PLEUS, ROBERT J., JR., ESQ.
940 N HIGHLAND AVE
ORLANDO FL 32803

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 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: Robert J. Pleus, Jr. ROBERT J. PLEUS, JR. 1/25/95
Signature, typed or printed name of registered agent and date (required) (NOTE: Registered Agent signature required when mail-in) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PARCHIA, EARL	12 NAME	
STREET ADDRESS	P.O. BOX 68 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	KILLARNEY FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BRIDGEWATER, ELVIN S.	22 NAME	
STREET ADDRESS	3071 NW 70TH TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LAWSON, JOHN H.	32 NAME	
STREET ADDRESS	211 MELFORD PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NEWTON, BILLY G.	42 NAME	
STREET ADDRESS	306 N. DOLLINS AVE.	43 STREET ADDRESS	
CITY-ST ZIP	ORLANDO FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST ZIP		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 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: Earl Parchia 1/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)
EARL PARCHIA, President

0073971