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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746261

1. Corporation Name

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

Principal Place of Business

17593 DEER ISLAND CIRCLE
P O BOX 68
KILLARNEY FL 34740
US

Mailing Address

17593 DEER ISLAND CIRCLE
P O BOX 68
KILLARNEY FL 34740
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/15/1979

4. FEI Number

59-2303040

Applied For

Not Applicable

5. Certificate of Status Desired

23

\$8.75 Additional
Fee Required

6. Election Campaign Financing

24

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PLEUS, ROBERT J JR ES
255 S ORANGE 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PARCHIA, EARL
STREET ADDRESS P.O. BOX 68 N/A
CITY-ST-ZIP KILLARNEY FL

TITLE V
NAME BRIDGEWATER, ELVIN S.
STREET ADDRESS 3071 NW 70TH TERR.
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME LAWSON, JOHN H.
STREET ADDRESS 211 MELFORD PLACE
CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE TD
NAME NEWTON, BILLY G.
STREET ADDRESS 306 N. DOLLINS AVE.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

Signature and typed or printed name of signing officer or director

1/9/99

(407) 877-8908

Date Daytime Phone #

CR2E037 (1/98)