

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746261

FILED
Apr 28, 2008
Secretary of State

Entity Name: FLORIDA STATE COUNCIL OF THE PENTECOSTAL ASSEMBLIES OF THE WORLD, INC.

Current Principal Place of Business:

1733 MERCY DRIVE
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

1733 MERCY DRIVE
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-2303040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWTON, BILLY G
306 NORTH DOLLINS AVENUE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEWTON, BILLY G
Address: 1733 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: BRIDGEWATER, ELVIN S.
Address: 3071 NW 70TH TERR.
City-St-Zip: MIAMI, FL 33147

Title: SD () Delete
Name: LAWSON, JOHN H.,
Address: 211 MELFORD PLACE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: LUSTER, ARDEN,
Address: 8057 THRASHER AVENUE
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: THOMAS, ROBERT B
Address: P.O. BOX 2819
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: POTTER, WILL DR.
Address: P.O. BOX 9358
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY G. NEWTON

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date