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

APPROVED AND FILED
95 MAY -1 PM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758739 (7)

1. Corporation Name
FIRST PENTECOSTAL CHURCH OF INGLIS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
HWY. 40 P.O. BOX 658 INGLIS FL 34449 US	HWY. 40 P.O. BOX 658 INGLIS FL 34449 US

3. Date Incorporated or Qualified: 06/12/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

DRYSDALE, ROSS
406 SE 4TH ST
OCALA FL 32671

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 _____ DATE
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DRYSDALE, REV. ROSS	1.2 NAME		
STREET ADDRESS	706 SE 4 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ERNEST, AUSTIN	2.2 NAME		
STREET ADDRESS	5504 S OAKRIDGE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BERRYHILL, HAZEL	3.2 NAME		
STREET ADDRESS	FOLLY ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF HAMMOCK FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LACKEY, HENRY	4.2 NAME	JAMES LANE	
STREET ADDRESS	2720 N REYNOLDS AVE	4.3 STREET ADDRESS	20 ORANGE AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL.	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WATSON, AVERY	5.2 NAME	DAVID HARRIS	
STREET ADDRESS	8786 W ARBER CT	5.3 STREET ADDRESS	9325 W. MILWAUKEE CT.	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL.	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	DRYSDALE, FRANCE	6.2 NAME		
STREET ADDRESS	706 SE 4 ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000	6.4 CITY-ST-ZIP		

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)(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: Rev Ross Drysdale REV. ROSS DRYSDALE 4/11/95 904-732-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084909