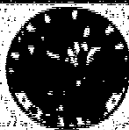


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
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

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
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. 189.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**DRYSDALE, ROSS
408 SE 4TH ST
OCALA FL 32871**

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

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

(NOTE: Registered Agent signature required when rotating)

DATE

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	708 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	☒ Change ☐ Addition
NAME	LACKEY, HENRY	4.2 NAME	JAMES LANE
STREET ADDRESS	2720 N REYNOLDS AVE	4.3 STREET ADDRESS	30 ORANGE AVE.
CITY - ST - ZIP	CRYSTAL RIVER FL	4.4 CITY - ST - ZIP	CRYSTAL RIVER, FL.
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	WATSON, AVERY	5.2 NAME	DAVID HARRIS
STREET ADDRESS	8788 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	708 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 110.07(3)(b), 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

704-732-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone