

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01693 (3)
1. Corporation Name
PENTECOSTAL ASSEMBLIES, INC.



Principal Place of Business: 1535 NW 15TH AVENUE FT. LAUDERDALE FL 33311-5402
Mailing Address: 1535 NW 15TH AVENUE FT. LAUDERDALE FL 33311-5402

3. Date Incorporated or Qualified: **02/28/1984**
3a. Date of Last Report: **05/01/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|---|---|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4 | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2379289 | Not Applicable |
| 22 | City & State | 27 | City & State | 5 | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6 | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ROYSTAN, TRACEY 4231 NW 19TH ST #255 LAUDERHILL FL 33313 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ 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 | VP | 1.1 TITLE | VP |
| NAME | O'HARE, REV. OSCAR B. | 1.2 NAME | O'HARE, REV. OSCAR B |
| STREET ADDRESS | 1117 N.W. 44TH TERR. | 1.3 STREET ADDRESS | 1535 NW 15TH AVENUE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | LAUDERHILL, FL 33311 |
| TITLE | D | 2.1 TITLE | D |
| NAME | LAWRENCE, UNA M | 2.2 NAME | GERMAN COLIN M |
| STREET ADDRESS | 3561 SW THIRD ST | 2.3 STREET ADDRESS | 2900 NW 56 AVE - APT 104 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | LAUDERHILL, FL. 33313 |
| TITLE | TD | 3.1 TITLE | |
| NAME | JEMISON, MONICA | 3.2 NAME | |
| STREET ADDRESS | 20880 N MIAMI AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | |
| NAME | WALDRON, GLORIA C | 4.2 NAME | |
| STREET ADDRESS | 1201 NW 56 AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL | 4.4 CITY-ST-ZIP | |
| TITLE | PD | 5.1 TITLE | |
| NAME | ROYSTAN, TRACEY | 5.2 NAME | |
| STREET ADDRESS | 4231 NW 19TH ST #255 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | LAWRENCE, UNA M | 6.2 NAME | |
| STREET ADDRESS | 5025 N.W. 36 STREET, APT 1206 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL 33319 | 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)(k), 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: _____ DATE: **2/25/96** (454)
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)