## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED										
Feb	03	1998	8:00am							
Se	ecre	tary o	f State							

PENTECOSTAL ASSEMBLIES, INC.						il Blås Fielf B		FOTE G1812 (30)			
Principal Plac	e of Business	Mailing	Mailing Address					12 E1E41 G1 E11 E1	JELI BIEII DI	IEIK BIBII IEBI	
1535 NW 15TH			15TH AVENUE				3. Date Incorporated or Qualified				
FI. LAUUEHUA	LE FL 33311-5402	FI, LAUI	DERDALE FL 3331	1-5402			02/28/1984			·	
							4. FEI Number			pplied For	
2. Principal P	lace of Business	2a. Mail	ing Address				59-2379289	<del></del>		ot Applicable	
21		26	ing Address				5. Certificate of Status Desired			Additional equired	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				6. Election Campaign Financing	:	55.00		
City & State		···	City & State			Trust Fund Contribution		Added to			
23	<del>d</del>	28	City & State				7. Is this nonprofit corporation a homeowners association?				
Zìp	Country	Zip				8. This corporation owes or has paid the current year Intangible					
24	25	29		30			Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Curr	rent Registered	Agent	0:	4 1	Niese	10. Name and Address of New Registered Agent				
55115-1				8	1	Name					
	N, TRACEY			82	2	Street Addres	ss (P.O. Box Number is Not Acceptable	<u>a)</u>			
#255	V 19TH ST			83	3						
	HILL FL 33313										
				84		City		PLI	1 '	Code	
11. Pursuant	to the provisions of Sections 617.0	502 and 617.15	08, Florida Statut	es, the above	ve-	-named corpor	ration submits this statement for the pur n's board of directors. I hereby accept	rpose of ch	anging it	s registered	
agent. I a	m familiar with, and accept the ob	ligations of, Sec	tion 617.0503, Fig	orida Statute	es.	ure corporation	ins board of directors. ( hereby accept	ине аррони	ment as	registered	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applic	mble (NOT	E. Bonistored A		t signature required	The selection	DATE		<u>.</u>	
12.		ND DIRECTOR		13.	geno	r signarure required	ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12	
TITLE	VP		DELETE	1.1 TITLE					Change	Addition	
NAME	O'HARE, REV. OSCAR B.			1.2 NAME							
STREET ADDRESS	AMAN ANAL ANNA ANIM			1.3 STREE	T A	ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL			1.4 CITY-	_	-ZIP					
TITLE	D CERMAN COUNTY		DELETE	2.1 TITLE			☐ Change ☐ A			Addition	
NAME	GERMAN, COLIN M.	0.4		2.2 NAME							
STREET ADDRESS	2800 NW 56TH AVE, APT 1 LAUDERHILL FL	04		2.3 STREE							
CITY-ST-ZIP	TD		DELETE	2. 4 CITY- 3.1 TITLE		- ZIP	Change Addition				
NAME	JEMISON, MONICA			3.2 NAME					change		
STREET ADDRESS	20880 N MIAMI AVE				3.3 STREET ADDRESS						
City-ST-ZIP	MIAMI FL			3.4. CITY-	ST-	-ZIP					
TITLE	SD		DELETE	4.1 TITLE					Change	Addition	
NAME	Waldron, Gloria C			4. 2 NAME	Ξ						
STREET ADDRESS	1201 NW 56 AVE			4.3 STREE	T AC	ODRESS					
CITY-ST-ZIP	LAUDERHILL FL			4.4 CITY~	•	-ZIP					
TITLE	PD POVOTAN TRACEV		DELETE	5.1 TITLE				Ш	Change	Addition	
NAME	ROYSTAN, TRACEY			5.2 NAME							
STREET ADDRESS	4231 NW 19TH ST #255 LAUDERHILL FL			5.3 STREE				•			
CITY-ST-ZIP TITLE	D		DELETE	5.4 CITY - 6.1 TITLE	51-	-217			Change	Addition	
NAME	LAWRENCE, UNA M		<b>-</b>	6.2 NAME				_			
STREET ADDRESS 5025 N.W. 36 STREET, APT 1206			6.3 STREE		DDRESS						
CITY-ST-ZIP	LAUDERDALE LAKES FL 33			6.4 CITY-							
14. I hereby certify that the Information supplied with this filling 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 adactment with an address.								information			
officer or o	director of the corporation or the re	ceiver or trustee	empowered to e	execute this	re	port as require	ed by Chapter 617, Florida Statutes; an	id that my n	ame app	pears in	
DIOCK 12 C	il Glock is il Chariged, or on an an	armined Mili S	audiess.								