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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01693

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/28/1984
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2379289
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'HARE, REV. OSCAR B.	1.2 NAME	SD	
STREET ADDRESS	1535 NW 15TH AVE	1.3 STREET ADDRESS	Janel Alexander	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	5079 NW 41st Place	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERMAN, COLIN M.	2.2 NAME	Douglas Jemison	
STREET ADDRESS	2800 NW 56TH AVE, APT 104	2.3 STREET ADDRESS	20880 N Miami Ave	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	Miami FL	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JEMISON, MONICA	3.2 NAME	Veta Tracey	
STREET ADDRESS	20880 N MIAMI AVE	3.3 STREET ADDRESS	4231 NW 19th St #255	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Lauderhill, FL	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/8/99 305/652-2692
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)