


FILE NOW: FILING FEE IS \$61.25

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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04901 (7)

1. Corporation Name
THE TRUE LIGHT PENTECOSTAL CHURCH, INC.



Principal Place of Business 112 PEMBROOK AVENUE INTERLACHEN FL 19133 US	Mailing Address 2530 N 4TH ST PHILADELPHIA PA 19133 US
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3. Date Incorporated or Qualified 08/29/1984	
4. FEI Number 59-2520444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**KEYSER, TIMOTHY
OLD GAINESVILLE HWY & LONG AVE, POB 92
INTERLACHEN FL 32048**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, LOUIS	
STREET ADDRESS	236 W. MANHEIM STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTIZ, ROMON	
STREET ADDRESS	3714 N. 7 STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOPEZ, BENJAMIN	
STREET ADDRESS	2708 FAIRHILL ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TM	<input type="checkbox"/> DELETE
NAME	MALDONADO, EDDIE	
STREET ADDRESS	6535 SOULDER ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JOSEFINA	
STREET ADDRESS	2324 SHELMIER AVE	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S MIGUEL DIAZ
5.3 STREET ADDRESS	5224 RISING SUN AVE.
5.4 CITY-ST-ZIP	PHILA., PA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *E. Edward Maldonado* **EDWARD MALDONADO** 2/16/98 (215) 232-3905

CR2E037 (10/97)