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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90092 006 ****61.25

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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 # N96000002236

1. Corporation Name
TRUE PENTECOSTAL COMMUNITY TEMPLE, INC.

Principal Place of Business 16 WILSON ST COCOA FL 32922 US	Mailing Address 16 WILSON ST COCOA FL 32926 US
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2. Principal Place of Business 21 16 WILSON AVENUE Suite, Apt. #, etc. 22 City & State 23 COCOA FL Zip Country 24 32922 25 US	2a. Mailing Address 26 16 WILSON AVENUE Suite, Apt. #, etc. 27 City & State 28 COCOA FL Zip Country 29 32922 30 US	3. Date Incorporated or Qualified 04/24/1996 4. FEI Number 59-3379225 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent KIMBROUGH, CHARLIE 3602 BROPHY BLVD. COCOA FL 32926	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, CHARLIE	1.2 NAME	P/T/D KIMBROUGH, CHARLIE
STREET ADDRESS	3602 BROPHY BLVD.	1.3 STREET ADDRESS	3602 BROPHY BLVD.
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	COCOA, FL 32926
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, DELIAH	2.2 NAME	
STREET ADDRESS	268 PRICE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROSEZETTA	3.2 NAME	
STREET ADDRESS	513 N KENTUCKY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, LESTER	4.2 NAME	D GRAVES, LESTER
STREET ADDRESS	610 SOUTH VARR AVENUE	4.3 STREET ADDRESS	610 SOUTH VARR AVENUE
CITY-ST-ZIP	COCOA FL 32926	4.4 CITY-ST-ZIP	COCOA, FL 32922
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, BARBARA	5.2 NAME	
STREET ADDRESS	3602 BROPHY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Charles Kimbrough* SIGNATURE REQUIRED *1/8/99* (407) 636-7662
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)