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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000002431 (2)

1. Corporation Name: WORSHIP TABERNACLE ASSEMBLIES OF GOD, INC.

Principal Place of Business: 610 S.E. FORGAL ST. PORT ST. LUCIE FL 34983
Mailing Address: 610 S.E. FORGAL ST. PORT ST. LUCIE FL 34983



2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 05/07/1996

4. FEI Number: 31-1468008 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: BRACERO, ANGEL L JR 626 SW BACON TER PT ST LUCIE FL 34953

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

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	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACERO, ANGEL L JR	12 NAME	
STREET ADDRESS	626 SW BACON TER	13 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, OLGA	22 NAME	
STREET ADDRESS	1692 SE PORTILLO RD	23 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34952	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACERO, ANNETTE	32 NAME	
STREET ADDRESS	626 SW BACON TER	33 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953	34 CITY-ST-ZIP	
TITLE	O	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, WILSON	42 NAME	
STREET ADDRESS	257 SE DUVAL AVE	43 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	44 CITY-ST-ZIP	
TITLE	O	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DELIA	52 NAME	
STREET ADDRESS	108 SUNFLOWER CIR	53 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Angela Bracero, Annette Bracero* 2/6/98

CR2E037 (10/97)