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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002431

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

2a. Mailing Address

3. Date Incorporated or Qualified

05/07/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
31-1468008

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRACERO, ANGEL L JR
626 SW BACON TER
PT ST LUCIE FL 34953

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 617.1509, 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

Angel L. Bracero Jr.
Angel L. Bracero Jr.

2/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME BRACERO, ANGEL L JR
STREET ADDRESS 626 SW BACON TER
CITY-ST-ZIP PT ST LUCIE FL 34953

1.1 TITLE DP Change Addition
1.2 NAME Bracero, Angel L. Jr
1.3 STREET ADDRESS 610 SE Forgal St.
1.4 CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE DST DELETE
NAME VELAZQUEZ, OLGA
STREET ADDRESS 1692 SE PORTILLO RD
CITY-ST-ZIP PT ST LUCIE FL 34952

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME BRACERO, ANNETTE
STREET ADDRESS 626 SW BACON TER
CITY-ST-ZIP PT ST LUCIE FL 34953

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE O DELETE
NAME GONZALEZ, WILSON
STREET ADDRESS 257 SE DUVAL AVE
CITY-ST-ZIP PT ST LUCIE FL

4.1 TITLE O Change Addition
4.2 NAME Gonzalez, Maria
4.3 STREET ADDRESS 937 SE Brookedge Ave.
4.4 CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE O DELETE
NAME MURPHY, DELIA
STREET ADDRESS 108 SUNFLOWER CIR
CITY-ST-ZIP ROYAL PALM BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Angel L. Bracero Jr.
Angel L. Bracero Jr. 3/1/99 (561)
336-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)