

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03-11-1999 90091 004 \*\*\* 61.25 7  
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DOCUMENT # N97000007109

1. Corporation Name  
 SUNSET HARVEST FIRST PENTECOSTAL CHURCH, INC.

Principal Place of Business: 5086 S.E. 102ND PL., E-12 BELLEVUE FL 34420  
 Mailing Address: 5086 S.E. 102ND PL., E-12 BELLEVUE FL 34420

FEI # 59-360-2788



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|---|--|---|
| 2. Principal Place of Business<br>21 816 Alfred St<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 3220 CR 511<br>Suite, Apt. #, etc. | 3. Date Incorporated or Qualified<br>12/22/1997   |
| 22 City & State<br>Tavares FL   | 27 City & State<br>Wildwood FL                               | 4. FEI Number<br>APPLIED FOR 59-3602788 Applied For Not Applicable  |
| 23 Zip<br>32778 Country US  | 28 Zip<br>34785 Country US                                   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| 24  | 30   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>HUGHES, RICHARD W<br>5086 S.E. 102ND PL., E-12<br>BELLEVUE FL 34420 | 10. Name and Address of New Registered Agent<br>81 Name Hughes, Richard W.<br>82 Street Address (P.O. Box Number is Not Acceptable) 3220 CR 511<br>83<br>84 City Wildwood FL 85 Zip Code 34785 |
|--|--|

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, to 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 agree to the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE: [Signature] DATE: 9-22-99

| 12. OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
|--|---------------------------------|---|--|
| TITLE: D<br>NAME: HUGHES, DUSTIN A<br>STREET ADDRESS: 5086 S.E. 102ND PL., E-12<br>CITY-ST-ZIP: BELLEVUE FL 34420  | <input type="checkbox"/> DELETE | 1.1 TITLE: D<br>1.2 NAME: Hughes, Dustin A<br>1.3 STREET ADDRESS: 3220 CR 511<br>1.4 CITY-ST-ZIP: Wildwood FL 34785   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D<br>NAME: HUGHES, JESSICA E<br>STREET ADDRESS: 5086 S.E. 102ND PL., E-12<br>CITY-ST-ZIP: BELLEVUE FL 34420 | <input type="checkbox"/> DELETE | 2.1 TITLE: D<br>2.2 NAME: Hughes, Jessica E.<br>2.3 STREET ADDRESS: 3220 CR 511<br>2.4 CITY-ST-ZIP: Wildwood FL 34785 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D<br>NAME: HUGHES, RICHARD W<br>STREET ADDRESS: 5086 S.E. 102ND PL., E-12<br>CITY-ST-ZIP: BELLEVUE FL 34420 | <input type="checkbox"/> DELETE | 3.1 TITLE: D<br>3.2 NAME: Hughes, Richard W.<br>3.3 STREET ADDRESS: 3220 CR 511<br>3.4 CITY-ST-ZIP: Wildwood FL 34785 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> DELETE | 4.1 TITLE:<br>4.2 NAME:<br>4.3 STREET ADDRESS:<br>4.4 CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> DELETE | 5.1 TITLE:<br>5.2 NAME:<br>5.3 STREET ADDRESS:<br>5.4 CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> DELETE | 6.1 TITLE:<br>6.2 NAME:<br>6.3 STREET ADDRESS:<br>6.4 CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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] DATE: 9-22-99 (352)748-3254

CR2E037 (5/99)