

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01 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 # N04480 (2)
 1. Corporation Name
PENTECOSTAL CHURCH ALPHA AND OMEGA, INC.



Principal Place of Business		Mailing Address	
3004 N. 10TH STREET TAMPA FL 33605-1702		3004 N. 10TH STREET TAMPA FL 33605-1702	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
		29	30

3. Date Incorporated or Qualified	07/31/1984	
4. FEI Number	59-2887768	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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PACHECO, PABLO
8902 W. CLUSTER AVENUE
TAMPA FL 33615

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 officer 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, PABLO	1.2 NAME	
STREET ADDRESS	8902 W. CLUSTER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, JOSE	2.2 NAME	
STREET ADDRESS	4734 PRESIDENTIAL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RAYMOND	3.2 NAME	
STREET ADDRESS	16143 RAVENDALE, DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, ROSA	4.2 NAME	
STREET ADDRESS	4734 PRESIDENTIAL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOHNNY	5.2 NAME	
STREET ADDRESS	3719 ARGON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		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	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, PABLO	1.2 NAME	
STREET ADDRESS	8902 W. CLUSTER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, JOSE	2.2 NAME	
STREET ADDRESS	4734 PRESIDENTIAL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RAYMOND	3.2 NAME	
STREET ADDRESS	16143 RAVENDALE, DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, ROSA	4.2 NAME	
STREET ADDRESS	4734 PRESIDENTIAL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOHNNY	5.2 NAME	
STREET ADDRESS	3719 ARGON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		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 as an attachment with an address.

SIGNATURE: *X Pabla Pacheco Pres.* 3/27/98

CR2E037 (10/97)