


FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N02092** (7)

**FIRST GRACE & TRUTH PENTECOSTAL HOLINESS CHURCH  
OF APOSTOLIC FAITH, INC.**



|  |   |
|--|---|
| Principal Place of Business                  | Mailing Address   |
| 24637 SW 137 AVE<br>PRINCETON FL 33032<br>US | C/O JAMES CHERRY<br>12219 S.W. 218 ST.<br>GOULDS FL 33170 |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified |                |
| 03/21/1984                        |                |
| 4. FEI Number                     | Applied For    |
| 59-2382870                        | Not Applicable |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 30                     |

|   |   |
|---|---|
| 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 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 type="checkbox"/> No  |   |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent     |  |
| CHERRY, JAMES<br>12219 SW 218 ST<br>GOULDS FL 33170 |  |

|   |                |
|---|----------------|
| 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 James Cherry (NOTE: Registered Agent signature required when reinstating) DATE 4-29-1998

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHERRY, JAMES                     | 1.2 NAME  |   |
| STREET ADDRESS             | 12219 SW 218TH STREET             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | GOULDS FL 33170                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ATKINS, JOHN W.                   | 2.2 NAME  |   |
| STREET ADDRESS             | 14964 SW 304 TERR                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LEISURE CITY FL 33030             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOLCOMB, SADIE                    | 3.2 NAME  |   |
| STREET ADDRESS             | 15241 SW 297 ST                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LEISURE CITY FL 33030             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ATKINS, ROSE MARIE                | 4.2 NAME  |   |
| STREET ADDRESS             | 14964 S.W. 304 TERR.              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LEISURE CITY FL 33030             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 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                                       |   |

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*Handwritten initials*

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: Rose Marie Atkins Rose Marie Atkins 4-29-98 258-3673

CR2E037 (10/97)