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
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90006 028 ****61.25

DOCUMENT # N98000006170

1. Corporation Name
PHILADELPHIA ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
1709 N. BERMUDA AVE. KISSIMMEE FL	1709 N. BERMUDA AVE. KISSIMMEE FL

2. Principal Place of Business 21 1709 N. John Young PKWY Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 P.O. Box 450934, Suite, Apt. #, etc. 27 City & State 28 Kissimmee, FL Zip 29 34745 Country 30 U.S.A	3. Date Incorporated or Qualified 10/28/1998 4. FEI Number 59-3538694 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIVERA, DANIEL SR 1803 LISA LANE KISSIMMEE FL 34744	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, DANIEL R SR		1.2 NAME		
STREET ADDRESS	1709 N. BERMUDA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FELICIANO, DAISY		2.2 NAME		
STREET ADDRESS	1709 N. BERMUDA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VILA, NEELIE		3.2 NAME		
STREET ADDRESS	1709 N. BERMUDA AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: Rev. SIGNATURE REQUIRED Daniel Rivera 7/26/99 (407) 846-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #