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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:29

DOCUMENT # 707805 (8)

1. Corporation Name
ATLANTIC BEACH PENTECOSTAL HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
600 LEVY ROAD ATLANTIC BEACH FL 32233	600 LEVY ROAD ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1964
3a. Date of Last Report: 09/13/1994
4. FEI Number: 59-2882384 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUTLER, ELIZABETH
2035 SALLAS LANE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: CHERYL C. WILT
82 Street Address (P.O. Box Number is Not Acceptable): 2855 SANDCASTLE LANE
83:
84 City: ATLANTIC BEACH FL 85 Zip Code: 32233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cheryl C. Wilt 1-25-95
(Signature, type or print 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	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ROBERTS, DANIEL	1.2 NAME	ROBERTS, DANIEL
STREET ADDRESS	2517 ST. JOHN AVE.	1.3 STREET ADDRESS	1190 BAYSHORE DRIVE NORTH
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	ST	2.1 TITLE	ST ☐ Change ☐ Addition
NAME	BUTLER, ELIZABETH	2.2 NAME	WILT, CHERYL
STREET ADDRESS	2035 SALLAS LANE	2.3 STREET ADDRESS	2855 SANDCASTLE LANE
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	VPD	3.1 TITLE	VPD ☐ Change ☐ Addition
NAME	MYERS, DEAN	3.2 NAME	MYERS, DEAN
STREET ADDRESS	2268 MAYPORT RD. #95	3.3 STREET ADDRESS	2268 MAYPORT RD #95
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	3.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	VPD	4.1 TITLE	VPD ☐ Change ☐ Addition
NAME	DENT, WILLIS	4.2 NAME	DENT, WILLIS
STREET ADDRESS	4340 EVE DR. EAST	4.3 STREET ADDRESS	4340 EVE DR. EAST
CITY-ST-ZIP	JACKSONVILLE FL 32246	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	VPD	5.1 TITLE	VPD ☐ Change ☐ Addition
NAME	WATSON, EDDIE	5.2 NAME	WATSON, EDDIE
STREET ADDRESS	5718 MERRIL RD.	5.3 STREET ADDRESS	5718 MERRIL RD.
CITY-ST-ZIP	JACKSONVILLE FL 32211	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	VPD	6.1 TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, ROBERT JR.	6.2 NAME	
STREET ADDRESS	135-A ATLANTIC GARDEN CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cheryl C. Wilt 1-25-95 (904)-246-5749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026117