## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

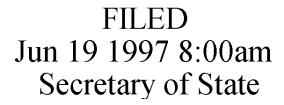
PENTECOSTAL HOLINESS TABERNACLE OF GOD, INC.

Principal Place of Business

Mailing Address

610 SOTH STDEET EAST

SIR SOTH STREET FAST





PALMETTO FL		PALMETTO FL 34221-2342		
				3. Date Incorporated or Qualified
21516	lace of Business 303 St. EnsT	26 A. O. BOL	2014	4. FEI Number APPLICABLE Applied F Not Applied F
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired \$8.75 Addition Fee Required
City & State		28 Almatto	FIA	6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees
Zip 24 <b>3</b> 42	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.0: Florida Statutes Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
619 307	ON, OTIS REV. TH STREET EAST TTO FL 33581		81 Name 82 Street Ac 83	EY LAMY JOHNSON diress (P.O. Box Number is Net Acceptable) Y Colliscon ) L.
			84 City	^S57 ← FL 85 Zip Code 34234
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.050; registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was autations of Section 617.0503, Florid	the above-named corporate the corporate that the co	orporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registe
	Signature, yped or print of name or registered age	nt and title if applicable. (NOTE: I	Registered Agent signature re	quired when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	PD	☐ DELETÉ	1.1 TITLE	Change A
NAME	JOHSNON, OTIS BISHOP		1.2 NAME	
STREET ADDRESS	619 30TH STREET EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL VS	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE	JOHNSON, JUANITA	□ VIEE	2.1 TITLE	Citaliye A
NAME	619 30TH STREET EAST		2.2 NAME	
STREET ADDRESS	PALMETTO FL		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	STD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change TA
NAME	GIBSON, KERRI	L. Otter	3.2 NAME	
STREET ADDRESS	711 30TH STREET EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL		3.4. CITY-ST-ZIP	
TITLE	VID	DELETE	4.1 TITLE	☐ Change ☐ Ai
NAME	JOHNSON, LARRY	•	4. 2 NAME	<b>,</b>
STREET ADDRESS	1074 COLLETON DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234		4.4 CITY-ST-ZIP	
TITLE	ATS	DELETE	5.1 TITLE	☐ Change ☐ A
NAME	JOHNSON, SHEILA		5.2 NAME	
STREET ADDRESS	1074 COLLETON DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234		5.4 CITY-ST-ZIP	·
TITLE		DELETE	6.1 TITLE	☐ Change ☐ A
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP	

I do 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.