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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 15 PM 3:21

DOCUMENT # **711422** (6)

1. Corporation Name

THE PENTECOSTAL HOLINESS CHURCH CONFERENCE OF FLORIDA, INC

Principal Place of Business

7 WEST MAIN ST STE 300
APOPKA FL 32703-5190

Mailing Address

7 WEST MAIN ST STE 300
APOPKA FL 32703-5190
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1966	3a. Date of Last Report 02/17/1994
4. FEI Number 59-2766052	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WILLIAMS SUSAN JOHNSTON, P.A.
5200 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY, FL 32707

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAO, GEORGE
STREET ADDRESS	603 TIMBERWOLF TR
CITY - ST - ZIP	APOPKA FL
TITLE	DC
NAME	BATT, THOMAS
STREET ADDRESS	2550 FOURAKER ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DI
NAME	BRANCH, STEVEN O
STREET ADDRESS	20 N VIRGINIA ST
CITY - ST - ZIP	QUINCY FL
TITLE	D
NAME	TINSLEY, DONAVAN E
STREET ADDRESS	3977 SEA EAGLE CR
CITY - ST - ZIP	GT AUGUSTINE FL
TITLE	D
NAME	SMITH, CLIFTON
STREET ADDRESS	866 JOG RD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	D
NAME	TILL, JACOB E
STREET ADDRESS	RR 3 BOX 1816
CITY - ST - ZIP	QUINCY, FL 80

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLIFTON M. SMITH	
1.3 STREET ADDRESS	1150 PEBBLE BEACH CT.	
1.4 CITY - ST - ZIP	APOPKA, FL 32712	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	H. ORREN SIMPSON	
2.3 STREET ADDRESS	816 COLUMBUS STREET	
2.4 CITY - ST - ZIP	WAYCROSS, GA 31503	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL L. WILLIAMS	
3.3 STREET ADDRESS	326 FEATHER PLACE	
3.4 CITY - ST - ZIP	LONGWOOD, FL 32779	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID A. CHASTANG	
4.3 STREET ADDRESS	7535 SHADY GROVE ROAD	
4.4 CITY - ST - ZIP	GRAND RIDGE, FL 32442	
5.1 TITLE	DS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEVEN C. BRANCH	
5.3 STREET ADDRESS	20 N. VIRGINIA STREET	
5.4 CITY - ST - ZIP	QUINCY, FL 32351	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT A. SHELLEY	
6.3 STREET ADDRESS	3506 SHARER ROAD	
6.4 CITY - ST - ZIP	TALLAHASSEE, FL 32315	

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 110.07(3)(k), 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: Clifton M. Smith 1-25-95 (407) 880-0241
BLOCK 12 AND 13 ONLY ON FILLED NAME OF CURRENT OFFICER OR DIRECTOR Date Expiry / Renewal