

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 1711554 *pena*

**1. Corporation Name**  
Pentecostal Church of Faith, Inc.

<b>Principal Place of Business</b> 2845 Edgewood Ave Jacksonville, FL 32209	<b>Mailing Address</b> 2845 Edgewood Ave Jacksonville, FL 32209
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<b>2. Principal Place of Business</b> 21 2845 Edgewood Ave Suite, Apt. #, etc. 22 City & State 23 Jacksonville FL Zip 24 32209 Country 25 Duval	<b>2a. Mailing Address</b> 26 2845 Edgewood Ave Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL Zip 29 32209 Country 30 Duval
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**9. Name and Address of Current Registered Agent**  
 Nellie Mae Spikes  
 2845 Edgewood Ave  
 Jacksonville, FL 32209

<b>3. Date Incorporated or Qualified</b>	92966
<b>4. FEI Number</b>	59-28788326
<b>Applied For</b>	Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>7. Is this nonprofit corporation a homeowners association?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>83</b>	
<b>84 City</b>	FL
<b>85 Zip Code</b>	

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE
D	President	Bernice Staten	2845 Edgewood Ave Jacksonville, FL 32209	<input type="checkbox"/> DELETE
D	Secretary	Patricia Scurry	MANHATTEN DR JACKSONVILLE FL 32209	<input type="checkbox"/> DELETE
D	Treasurer	MARY THOMAS	2105 DANAY ST JACKSONVILLE, FL 32209	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>1.2 NAME</b>	<b>1.3 STREET ADDRESS</b>	<b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	President	Nellie Mae Spikes	2845 Edgewood Ave Jacksonville, FL 32209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 a address.

**SIGNATURE:** *Nellie Mae Spikes* **6/24/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)