

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 712288

(0)

1. Corporation Name

FIRST PENTECOSTAL CHURCH OF SOUTH BREVARD, INC.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:21

Principal Place of Business Mailing Address
2832 PALM BAY BLVD 2832 PALM BAY BLVD
POB 727 POB 727
PALM BAY FL 32905 PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1967	3a. Date of Last Report 01/20/1994
4. FEI Number 59-2264985	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 ☒	\$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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MYERS, J E
2504 REED AVE.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MYERS, DAVID E.
STREET ADDRESS	173 AMERICANA BLVD. N.W.
CITY-ST-ZIP	PALM BAY, FL 00000
TITLE	PD
NAME	MYERS, J E
STREET ADDRESS	2504 REED AVE
CITY-ST-ZIP	MELBOURNE, FL 00000
TITLE	SD
NAME	JENKINS, RICHARD
STREET ADDRESS	1495 DONNA MARIE DRIVE
CITY-ST-ZIP	WEST MELBOURNE FL
TITLE	D
NAME	MASON, MATT
STREET ADDRESS	STAR RT. 1513
CITY-ST-ZIP	MELBOURNE, FL 00000
TITLE	D
NAME	CECRLE, BEN
STREET ADDRESS	901 WICKHAM RD.
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Sec/Trea. James Mahoney
3.3 STREET ADDRESS	8327 Sylvan Dr.
3.4 CITY-ST-ZIP	Melbourne, Fla. 32904
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 insulator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime Before 8