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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712288** (0)
1. Corporation Name
FIRST PENTECOSTAL CHURCH OF SOUTH BREVARD, INC.

Principal Place of Business 2632 PALM BAY BLVD POB 727 PALM BAY FL 32905	Mailing Address P O BOX 727 PALM BAY FL 32908 US
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3. Date Incorporated or Qualified 02/21/1967	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2264985	

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

5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	
TITLE	<input type="checkbox"/> DELETE
NAME	VD MYERS, DAVID E.
STREET ADDRESS	173 AMERICANA BLVD. N.W.
CITY-ST-ZIP	PALM BAY, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	PD MYERS, J E
STREET ADDRESS	2504 REED AVE
CITY-ST-ZIP	MELBOURNE, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	XMANONEY, JAMES
STREET ADDRESS	X1017 SYMAN DR XXXX
CITY-ST-ZIP	XMELBOURNE FL XXXX
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	XNASON, HARTD XXXX
STREET ADDRESS	XSTAR RT XXXX XXXX
CITY-ST-ZIP	XMELBOURNE, FL 00000 X
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	XGEORGE BEN XXXXX
STREET ADDRESS	X101 WICKHAM RD XXXX
CITY-ST-ZIP	XMELBOURNE FL XXXX
TITLE	<input type="checkbox"/> DELETE
NAME	D DIXON, PATRICK
STREET ADDRESS	1425 WAKE FOREST ROAD NW
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ST R. Timothy Jenkins
1.3 STREET ADDRESS	1495 Donna Marie Dr.
1.4 CITY-ST-ZIP	West Melbourne FL 32904
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Richard Sias
2.3 STREET ADDRESS	1679 Mosswood Dr.
2.4 CITY-ST-ZIP	Melbourne FL 32935
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Kenneth Sias
3.3 STREET ADDRESS	921 Burn Ave. NE
3.4 CITY-ST-ZIP	Palm Bay FL 32905
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Larry Patchin
4.3 STREET ADDRESS	3081 Mary St.
4.4 CITY-ST-ZIP	West Melbourne, FL 32904
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Allyn Saunders
5.3 STREET ADDRESS	3091 Mary St.
5.4 CITY-ST-ZIP	West Melbourne, FL 32904
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Ted Bullard
6.3 STREET ADDRESS	505 Nogles Ave. NE
6.4 CITY-ST-ZIP	palm bay FL 32907

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: J. E. Myers J. E. Myers 2/10/98 (407) 723-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0080799

CR2E037 (10/97)