


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90027 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712288					
1. Corporation Name FIRST PENTECOSTAL CHURCH OF SOUTH BREVARD, INC.					
Principal Place of Business 2832 PALM BAY BLVD POB 727 PALM BAY FL 32905			Mailing Address P O BOX 727 PALM BAY FL 32906 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1967	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2264985	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

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 DAVID MYERS			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 612 ROSTOCK CIR.			
				84 City PALM BAY FL 85 Zip Code 32907			

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 *David Myers* **DAVID MYERS - PASTOR** **JANUARY 5th 1999**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, R TIMOTHY			1.2 NAME			
STREET ADDRESS	1495 DONNA MARIE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST MELBOURNE FL 32904			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNETH SIAS			2.2 NAME			
STREET ADDRESS	921 BURN AVE NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIAS, RICHARD			3.2 NAME			
STREET ADDRESS	1679 MOSSWOOD DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATCHIN, LARRY			4.2 NAME			
STREET ADDRESS	3081 MARY ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST MELBOURNE FL 32904			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAUNDERS, ALLYN			5.2 NAME			
STREET ADDRESS	3091 MARY ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	WEST MELBOURNE FL 32904			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULLARD, TED			6.2 NAME			
STREET ADDRESS	505 NOGLES AVE NE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907			6.4 CITY-ST-ZIP			

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DR. JENKINS

1-5-99

407 724 6574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)