FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

717322

(2)

PENTECOSTAL APOSTOLIC FAITH TABERNACLE, INC.

Principal Place	o of Business	Mailing Address							
Principal Place of Business 841 NW 70TH STREET MIAMI FL 33147		9825 NW 13TH AVENUE MIAMI FL 33147-2805 US				3. Date Incorporated or Qualified 10/10/1969 4. FEI Number		oplied For	
2. Principal P	lace of Business	2a. Mailing Address			,		59-2802474 5. Certificate of Status Desired	\$8.75	ot Applicable Additional equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	Мау Ве	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	p Country 29		p Country		′		This corporation owes or has paid the corporation owes. This corporation owes or has paid the corporation owes. This corporation owes or has paid the corporation owes.	Yes [2	tangible No
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Registere	d Agent	
				81	Nam	е			
	son, martiniece W 2011 st	82 Street Add			t Addre	ess (P.O. Box Number is Not Acceptable)			
	R FL 33027			83					
				84	City			L '	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.050 egistered agent, or both, in the State m famillar with, and accept the obliga	2 and 617.1508, Florida S of Florida. Such change ations of, Section 617.050	Statutes, the was authorized Statutes S	above ed by atutes	e-name / the co s.	d corpo rporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing if opointment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	ed Age	ent signati	ire require	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELET	E 1.1	TITLE				Change	Addition
NAME	Jordan, Verline S.		1.2	NAME					
STREET ADDRESS	1460 N W 138TH STREET		1.3 STR		ADDRESS	;			
CITY-ST-ZIP			cmy-s	T-ZIP	.	-			
TITLE	SD	☐ DELET	E] 2.1	TITLE				L Change	Addition
NAME	ROBERTSON, MARTINIECE		2.2	NAME					
STREET ADDRESS	1646 S W 116TH AVENUE		2.3	STREET	ADDRESS	;			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP						
TITLE	TD	L DELET	E 3.1	TITLE				L Change	Addition
NAME	HOWARD, DIANE		3.2	MAME					
STREET ADDRESS	2760 NW 211TH STREET		3.3	STREET	ADDRESS	3			
CITY-ST-ZIP	MIAMI_FL			CITY-	ST-ZIP				1 0 4 3/4 - 4
TITLE		☐ DELET		TITLE				Change	Addition
NAME				NAME					
STREET ADDRESS			4.3	STREET	ADDRESS	;			
CITY-ST-ZIP				CITY-S	T-ZIP	+		Ohner-	Addition
TITLE		☐ DELET		TITLE				L Change	
NAME				NAME					
STREET ADDRESS			1		ADDRESS	·			
CITY-ST-ZIP				CITY-S	T-ZIP	+		Change	Addition
TITLE		☐ DELET	-	TITLE				change	⊥ AGGNIO[I
NAME			6.2	NAME		1			
1					ADDRESS				

14. Thereby 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.

CR2E037 (10/97)

FILED

Feb 03 1998 8:00am

Secretary of State