

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **725397** (4)

1. Corporation Name
PENTECOSTAL CHURCH OF GOD IN CHRIST OF THE UNITED STATES OF AMERICA INC



Principal Place of Business: **1289 W. 28TH STREET RIVIERA BEACH FL 33404**
Mailing Address: **1289 WEST 28TH STREET RIVIERA BEACH FL 33404 US**

3. Date Incorporated or Qualified: **01/19/1973**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2592539	<input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ALEXANDER, JOHN D (BISHOP) 1289 W 28TH STREET RIVIERA BEACH FL 33404				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JOHN D.	12 NAME	
STREET ADDRESS	1481 WEST 36TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JESSE	22 NAME	
STREET ADDRESS	3344 SAVANNAH ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MOSES	32 NAME	
STREET ADDRESS	4918 S.E. PALMETTO ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PORT SALERNO FL	34 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, WANDA	42 NAME	McGriff, Deborah W.
STREET ADDRESS	1220 WEST 7TH STREET	43 STREET ADDRESS	4331 Australian Avenue
CITY-ST-ZIP	RIVIERA BEACH FL	44 CITY-ST-ZIP	west Palm Bch., Florida 33407
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 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: **John D. Alexander** *John D. Alexander* Date: **4/3/96** Daytime Phone #: **844-5951**

CP2E037 (12/95)