

2-26-97 B-2364 NC  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 Feb 26 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1289 W. 28TH STREET      RIVIERA BEACH FL 33404</b>	Mailing Address <b>1289 W. 28TH STREET      RIVIERA BEACH FL 33404-4135</b>
---	--

3. Date Incorporated or Qualified <b>01/19/1973</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-2592539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
--	---

9. Name and Address of Current Registered Agent <b>ALEXANDER, JOHN D (BISHOP)      1289 W 28TH STREET      RIVIERA BEACH FL 33404</b>	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	PCD <input type="checkbox"/> DELETE
NAME	ALEXANDER, JOHN D.
STREET ADDRESS	1481 WEST 36TH ST.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HILL, JESSE
STREET ADDRESS	3344 SAVANNAH ROAD
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, MOSES
STREET ADDRESS	4918 S.E. PALMETTO ROAD
CITY-ST-ZIP	PORT SALERNO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MCGRIFF, DEBORAH W
STREET ADDRESS	4331 AUSTRALIAN AVE
CITY-ST-ZIP	W PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: John D. Alexander **John D. Alexander** 2/17/97 **561 844-5851**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040082

CR2E037 (9/96)