

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725459** (2)
1. Corporation Name
PENTECOST POWER CHURCH INC

Principal Place of Business Mailing Address
809 N.W. LUCY STREET FLORIDA CITY FL 33034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1973	3a. Date of Last Report 03/28/1994
4. FEI Number NOT APPLICABLE	Applied Fee Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 809 N.W. Lucy Street Suite, Apt #, etc	2a. Mailing Address 26. 809 N.W. Lucy Street Suite, Apt #, etc
22. City & State H. City, Fl.	27. City & State H. City, Fl.
24. Zip 33034	25. County Dade
29. Zip 33034	30. County Dade

9. Name and Address of Current Registered Agent

SCOTT, BISHOP FLOYD
22305 SW 114 COURT
GOULDS FL

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 607.0502 and 607.1508, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **(Bishop) Floyd A. Scott** *Bishop Floyd Scott* **5/1/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOTT, BISHOP FLOYD
STREET ADDRESS	22305 SW 114 COURT
CITY ST ZIP	GOULDS FL
TITLE	TD
NAME	EDWARDS, DORETHA <i>Change</i>
STREET ADDRESS	S.W. 114TH AVE.
CITY ST ZIP	GOULDS FL
TITLE	SD
NAME	BRYANT, ELDER LAWRENCE
STREET ADDRESS	353 NW REDLAND RD
CITY ST ZIP	FLORIDA CITY FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GATEWOOD DOREA (ERNEST)
23 STREET ADDRESS	10340 S.W. 198 St
24 CITY ST ZIP	miami, Fl. 33157
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TD
33 STREET ADDRESS	Hudson Drive John
34 CITY ST ZIP	1501 S E 8th Street Apt 101
	Homeside Fl. 33022
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 my address.

SIGNATURE: *Bishop Floyd Scott* **5-1-95** (305) 233-2439