

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 809 NW LUCY ST FLORIDA CITY FL 33034 US	Mailing Address 809 NW LUCY ST FLORIDA CITY FL 33034 US
---	---

3. Date Incorporated or Qualified
02/05/1973

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 *Bishop Floyd A. Scott* *Bishop Floyd A. Scott* **3-22-1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCOTT, BISHOP FLOYD	
STREET ADDRESS	22305 SW 114 COURT	
CITY-ST-ZIP	GOULDS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GATEWOOD, DECON ERNEST	
STREET ADDRESS	10340 SW 198TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRYANT, ELDER LAWRENCE	
STREET ADDRESS	353 NW REDLAND RD	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, FRED	
STREET ADDRESS	490 SW 5TH CT	
CITY-ST-ZIP	HOMESTEAD 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Mr Bryant Elder Lawrence</i>
3.3 STREET ADDRESS	<i>10995 S.W. 138 St.</i>
3.4 CITY-ST-ZIP	<i>Miami, FL 33176</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>SD Audrey Davis</i>
4.3 STREET ADDRESS	<i>11301 S.W. 200 St. unit # 209</i>
4.4 CITY-ST-ZIP	<i>Miami, FL 33157</i>
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 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: *Bishop Floyd A. Scott* *Bishop Floyd A. Scott* **3-22-98 (305) 233-2435**

CP2E037 (10/97)