FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 725459

1. Corporation Name

PENTECOST POWER CHURCH INC



04-01-1999 90096 034 ****61.25

| Principal Place | e of Business | Mailing Address | Mailing Address | | | | | | | | |
|---|--|---------------------------|-----------------|---|-----------------------|--|---|-------------------|--------------|-------------------------|--|
| 809 NW LUCY | ST | 809 NW LUCY ST | | | | | 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | IL 1 1111 1111 | |
| FORIDA CITY F | FL 33034 | FLORIDA CITY FL 33034 | | | | | | | | | |
| US | | US | | | | | A CLARI BINIF BIRDE ACTI | | | el Almit iant | |
| | · | | | | | | | | | • | |
| | | | | | | 3 5-4-1 | t-d Ovalifod | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | | 3. Date Incorporated or Qualifed 02/05/1973 | | | | |
| 21 | | 26 | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number NOT APP | I ICADI E | , | ''' | plied For | | |
| 22 | | 27 | | | NOT.ALT. | LIUAULL | | | Applicable _ | | |
| City & Stat | e · | City & State | | | 5. Certifcate of | Status Desired | | \$8.75 A | I | | |
| 23 | * | 28 | | | | | | | | <u>·</u> | |
| Zip | Country | Zip Coun | | | | | npaign Financing | | \$5.00 | · . | |
| 24 | 25 | 29 | 30 | | | | Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent | | | o Fees | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and A | Address of New F | tegistered # | Agent | | |
| | | | | 81 | Name | | | | | | |
| SCOTT, BISHOP FLOYD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | : | | | |
| | 114 COURT | | 02 | | | BUL Address (1.0. Box Hallion to Her Accoptance) | | | | | |
| GOULDS 1 | | | | | | | • | | | | |
| GOOLDS I | 23110 | | | | | | | | Table 201 | | |
| [| | | | 84 | City | | | FL | 85 Zip C | | |
| 11 Dunant | to the previous of Sections 617 0502 | and 617 1508 Florida St | atutes the a | hove-r | named o | ornoration submits this | statement for the | numose of | changing its | registered | |
| 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 a | m familiar with, and accept the obligation | ons of, Section 617.0503, | Florida Stati | utes. | | | | | | . | |
| SIGNATURE Stonative project or printed name of recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| orgination, types of printer hands of agreement and agreement agreement and agreement agreement and agreement agreement and agreement agreement agreement agreement and agreement | | | | | ignature req | | HANGES TO OF | | DIRECTO | RS IN 12 | |
| 12. | | DELETE | | n r | | ADDITIONO | TIATOLO TO OF | TIOZITO / III | Change | Addition | |
| TITLE | PD | | | | | | | | | | |
| NAME | SCOTT, BISHOP FLOYD | | | 2 NAME | | | • . | | | į | |
| STREET ADDRESS | 22305 SW 114 COURT | | | 1.3 STREET ADORESS | | | • | | • | , | |
| CITY-ST-ZIP | GOULDS FL | | | 1.4 CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | _ a | | |
| TITLE | TD □ DELETE | | 2.1 TI | 2.1 TITLE | | | | | Change | ☐ Addition | |
| NAME | Gatewood, Decon Ernest | | 2.2 N | AME | | | | | | | |
| STREET ADDRESS | 10340 SW 198TH ST | | 2.3 ST | TREET A | DDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL: 3 | المعاط الماسيسين | 2.40 | ITY-ST- | ŽĪP | | • · · · · · · · · · · · · · · · · · · · | | | · . · | |
| TITLE | SD | ☐ DELETE | 3.1 TI | TLE . | 3 | M | 1 | • | Change | Addition | |
| NAME | BRYANT, ELDER LAWRENCE | | 3.2 NA | AME. | Į į | Bryant, Elder | LAWIENCE | • | | 1 | |
| STREET ADDRESS | 353 NW REDLAND RD | | 3.3 ST | TREET A | DDRESS I | 0995 S.W. | 138 St. | | | | |
| CITY-ST-ZIP | FLORIDA CITY FL 33034 | | | ITY-ST- | ZIP A | Miami FL | 33176 | | ř | ļ | |
| TITLE | M | DELETE | | | = | -11001111 | | | Change | ☐ Addition | |
| | BRYANT, ELDER LARKIN | | 4.2 N | | | | | | | | |
| NAME | 10995 SW 138 ST | | | | DODES! | | | | Section 1 | | |
| STREET ADDRESS | | | | | DORESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33176 | ☐ 6C: C7: | | TY-ST-2 | ZIP | | | | Change | Addition | |
| TITLE | SD | ☐ DELETE | | | | | ** | | Ci connigo | _, | |
| NAME | DAVIS, AUDREY | • | 5.2 N/ | | | | | | | | |
| STREET ADDRESS | 11301 SW 200 ST, UNIT A-209 | | 9 | | DDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | | TY-ST-2 | ZIP | | · · · · · · · · · · · · · · · · · · · | | · — | | |
| TITLE | | ☐ DELETE | | | | | | ٠., | Change | ☐ Addition | |
| NAME | | | 6.2 N | AME | · | | • | | | · [| |
| STREET ADDRESS | | | 6.3 ST | TREET A | DDRESS | | | | | } | |
| CITY-ST-ZIP | | | 6.4 CI | TY-ST-2 | 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, with an other like empowered.

SIGNATURE:

CITY-ST-ZIP