FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729015** **(8)**

1. Corporation Name

FIRST UNITED PENTECOSTAL CHURCH OF WEWAHITCHKA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
409 MAIN ST. PO BOX 967 WEWAHITCHKA FL 32465	409 MAIN ST. PO BOX 967 WEWAHITCHKA FL 32465

3. Date Incorporated or Qualified: **03/08/1974**
3a. Date of Last Report: **03/16/1994**

4. FEI Number: **59-2302044** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **XX** **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes **X** No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRABTREE, ALLEN E. 515 PARKWOOD DRIVE PANAMA CITY FL 32410	81 Name: O. C. Crabtree 82 Street Address (P.O. Box Number is Not Acceptable): 409 Main Street 83 84 City: Wewahitchka **FL** 85 Zip Code: 32465

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

SIGNATURE: O. C. Crabtree 4/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD **XX** Change ☐ Addition
NAME	CRABTREE, ALLEN E.	12 NAME	Crabtree, O. C.
STREET ADDRESS	515 PARKWOOD DR.	13 STREET ADDRESS	409 Main Street
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	Wewahitchka, FL 32465
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHUMNEY, THOMAS MICHAEL	22 NAME	
STREET ADDRESS	KATE GLASS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PITTS, HERMAN	32 NAME	
STREET ADDRESS	538 PINE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	PITTS, BEVERLY	42 NAME	
STREET ADDRESS	538 PINE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WHITEHURST, HIRAM	52 NAME	
STREET ADDRESS	HIGHWAY 71	53 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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: Beverly Pitts Beverly Pitts 4/23/95 904-639-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000220