FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 729015 (8)

1. Corporation Name

FIRST UNITED PENTECOSTAL CHURCH OF WEWAHITCHKA, INC.

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: 05/01/1995

2. Principal Place of Business
21: 619 S. Highway 71
22: Suite, Apt. #, etc.
23: City & State: Wewahitchka, FL
24: Zip: 32465
25: Country: Gulf

2a. Mailing Address
26: 619 S. Highway 71
27: Suite, Apt. #, etc.: P.O. Box 967
28: City & State: Wewahitchka, FL
29: Zip: 32465
30: Country: Gulf

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRABTREE, O C
409 MAIN STREET
WEWAHITCHKA FL 32465

10. Name and Address of New Registered Agent

81 Name: Crabtree, O. C.
82 Street Address (P.O. Box Number is Not Acceptable): 619 S. Highway 71
83:
84 City: Wewahitchka **FL** 85 Zip Code: 32465

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: C. Crabtree 2/8/94
Signature, typed or printed name of registered agent and status if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRABTREE, O C 409 MAIN STREET WEWAHITCHKA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Crabtree, O.C. 619 S. Highway 71 Wewahitchka FL 32465	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUMNEY, THOMAS MICHAEL KATE GLASS ROAD WEWAHITCHKA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTS, HERMAN 538 PINE STREET WEWAHITCHKA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PITTS, BEVERLY 538 PINE STREET WEWAHITCHKA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHURST, HIRAM HIGHWAY 71 WEWAHITCHKA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 2/8/96 (904) 639-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #