FILE NOW: FILING FEE IS $61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90091 027 ****70.00

0010/95

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729015**

1. Corporation Name
FIRST UNITED PENTECOSTAL CHURCH OF WEWAHITCHKA, INC.

Principal Place of Business	Mailing Address
619 SOUTH HIGHWAY 71 WEWAHITCHKA FL 32465 US	619 SOUTH HIGHWAY 71 P.O. BOX 967 WEWAHITCHKA FL 32465 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/08/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2302044 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CRABTREE, O C
619 SOUTH HIGHWAY 71
WEWAHITCHKA FL 32465

10. Name and Address of New Registered Agent

81 Name: Rev. R.G. Leaman
82 Street Address (P.O. Box Number is Not Acceptable): 619 South 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: Rev. R.G. Leaman — Rev. R.G. Leaman — 4/19/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEAMAN, RG 619 SOUTH HIGHWAY HIGHWAY 71 WEWAHITCHKA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ 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	449 Pine Street	☒ 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	449 Pine Street	☒ 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 (11/98)

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 all other like empowered.

SIGNATURE: Beverly Pitts — SIGNATURE REQUIRED — Beverly Pitts — 4/19/99 — 850-639-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #