

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 # 733513

1. Corporation Name

**FIRST PENTECOSTAL HOLINESS CHURCH OF JACKSONVILLE
E, INC.**

Principal Place of Business

**2550 FOURAKER RD
JACKSONVILLE FL 32210**

Mailing Address

**2550 FOURAKER RD
JACKSONVILLE FL 32210**

FILED
99 MAY -7 PM 1:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/06/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1607579	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, ORREN H
2510 FOURAKER RD
JACKSONVILLE FL 32210**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, THOMAS F	1.2 NAME	300002881043--7
STREET ADDRESS	7120 HANSON COURT	1.3 STREET ADDRESS	-05/20/99--01049--003
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CLIFTON	2.2 NAME	
STREET ADDRESS	7 WEST MAIN ST., SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, H. ORREN	3.2 NAME	
STREET ADDRESS	2510 FOURACRE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, SHARON	4.2 NAME	
STREET ADDRESS	8488 BANDERA CIRCLE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

H. Orren Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99

904-783-3488

0005185

CR2E037 (11/98)