

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735367** (5)

1. Corporation Name

**THE ASSOCIATION OF PENTECOSTAL ASSEMBLIES OF THE  
STATE OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

2367 JERNIGAN ROAD  
JACKSONVILLE FL 32207

2367 JERNIGAN ROAD  
JACKSONVILLE FL 32207-6779



3. Date Incorporated or Qualified **03/24/1976** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2873420</b>		Applied For	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.				<input type="checkbox"/> Not Applicable	
22 City & State		27 <b>P.O. Box 792</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>Callahan, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>32011</b>		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HADDEN, WILLIAM**  
**- ROUTE 5 BOX 358 - 2491 Pickett ROAD**  
**CALLAHAN FL 32011**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, WILLIAM L.</b>	1.2 NAME	
STREET ADDRESS	<b>RT 5 BOX 358</b>	1.3 STREET ADDRESS	<b>2491 Pickett RD</b>
CITY-ST-ZIP	<b>CALLAHAN FL</b>	1.4 CITY-ST-ZIP	<b>CALLAHAN, FL 32011</b>
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BERRY, DARTHS</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 5 BOX 585 CHARWOOD DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BERRY, LOYD W.</b>	3.2 NAME	
STREET ADDRESS	<b>RT 5 BOX 585 CHARWOOD DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, DEANA</b>	4.2 NAME	
STREET ADDRESS	<b>RT 5 BOX 358</b>	4.3 STREET ADDRESS	<b>2491 Pickett RD</b>
CITY-ST-ZIP	<b>CALLAHAN FL</b>	4.4 CITY-ST-ZIP	<b>CALLAHAN, FL 32011</b>
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 do 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.

SIGNATURE: **William L. Hadden**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

904 396-0012

CR2E037 (9/96)