

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2367 JERNIGAN ROAD JACKSONVILLE FL 32207</b>		Mailing Address <b>P O BOX 782 CALLAHAN FL 32011 US</b>		3. Date Incorporated or Qualified <b>03/24/1976</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26 2491 Pickett Rd</b>		4. FEI Number <b>59-2873420</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27 Callahan, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29 32011</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HADDEN, WILLIAM ROUTE 5 BOX 850 CALLAHAN FL 32011</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2491 Pickett Rd</b>	
83	
84 City <b>Callahan</b>	85 Zip Code <b>FL 32011</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, WILLIAM L.</b>	1.2 NAME	
STREET ADDRESS	<b>2491 PICKETT RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BERRY, LOYD W.</b>	2.2 NAME	
STREET ADDRESS	<b>RT 5 BOX 585 CHARWOOD DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN FL</b>	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, DEANA</b>	3.2 NAME	
STREET ADDRESS	<b>2491 PICKETT RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAHAN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

SIGNATURE: Deana Hadden Deanna Hadden 4/27/98 904 355-6561

CR2E037 (10/97)