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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 735367

1. Corporation Name

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

Principal Place of Business

2367 JERNIGAN ROAD
JACKSONVILLE FL 32207

Mailing Address

2491 PICKETT RD
CALLAHAN FL 32011
US



2. Principal Place of Business

21 **Cornerstone Pentecostal Assbly**
Suite, Apt. #, etc. **(CHURCH)**

22 **5334-2 Old Kings Rd.**

23 **Jacksonville, FL.**

24 **32254** 25 **U.S.A.**

2a. Mailing Address

26 **8109 Acree Rd.**

27 Suite, Apt. # etc.

28 **JACKSONVILLE, FL.**

29 **32219** 30 **U.S.A.**

3. Date Incorporated or Qualified

03/24/1976

4. FEI Number

59-2873420

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

9. Name and Address of Current Registered Agent

HADDEN, WILLIAM
2491 PICKETT RD
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name **CREWS, Willie**

82 Street Address (P.O. Box Number is Not Acceptable)

8109 Acree Rd.

83

84 City **Jacksonville**

FL

85 Zip Code **32219**

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 **Willie Crews Willie Crews**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **HADDEN, WILLIAM L.**
STREET ADDRESS **2491 PICKETT RD**
CITY-ST-ZIP **CALLAHAN FL**

TITLE **VD** ☐ DELETE
NAME **O'BERRY, LOYD W.**
STREET ADDRESS **RT 5 BOX 585 CHARWOOD DRIVE**
CITY-ST-ZIP **CALLAHAN FL**

TITLE **STD** ☒ DELETE
NAME **HADDEN, DEANA**
STREET ADDRESS **2491 PICKETT RD**
CITY-ST-ZIP **CALLAHAN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **CREWS, Willie**
1.3 STREET ADDRESS **8109 Acree Rd.**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32219**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **THIGPEN, Betty**
3.3 STREET ADDRESS **2954 W. 10th ST.**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32254**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Willie Crews** SIGNATURE REQUIRED **Willie Crews 2-27-99 (904) 764-2069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0000138