

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 738365 (6)**

1. Corporation Name

**FAITH PENTECOSTAL APOSTOLIC CHURCH, INC.**

Principal Place of Business

Mailing Address

**6805 SUGARLOAF KEY ST.  
LAKE WORTH FL 33467  
US****6805 SUGARLOAF KEY ST.  
LAKE WORTH FL 33467-7650  
US**3. Date Incorporated or Qualified  
**03/15/1977**3a. Date of Last Report  
**03/11/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number  
**59-1732138**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**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMALL, EDWIN  
6805 SUGARLOAF KEY ST.  
LAKE WORTH FL 33467**

81 Name

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

83

84 City

**FL**

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 **VD** ☐ DELETE  
NAME **SMALL, RUBY**  
STREET ADDRESS **6805 SUGARLOAF KEY ST.**  
CITY-ST-ZIP **LAKE WORTH FL**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE **PD** ☐ DELETE  
NAME **SMALL, EDWIN**  
STREET ADDRESS **6805 SUGARLOAF KEY ST.**  
CITY-ST-ZIP **LAKE WORTH FL**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE **STD** ☐ DELETE  
NAME **GOWE, NATHANIEL**  
STREET ADDRESS **6805 SUGARLOAF KEY ST.**  
CITY-ST-ZIP **LAKE WORTH FL**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE  
NAME **SMALL, RUBY**  
STREET ADDRESS **6805 SUGARLOAF KEY ST.**  
CITY-ST-ZIP **LAKE WORTH FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE **PD** ☐ DELETE  
NAME **SMALL, EDWIN**  
STREET ADDRESS **6805 SUGARLOAF KEY ST.**  
CITY-ST-ZIP **LAKE WORTH FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE **STD** ☐ DELETE  
NAME **GOWE, NATHANIEL**  
STREET ADDRESS **6805 SUGARLOAF KEY ST.**  
CITY-ST-ZIP **LAKE WORTH FL**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Edwin Small 2-17-97**

Date

Daytime Phone # 0044159

CR2E037 (9/96)