FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporatio	MENT # 738365	5 (6)							
FAITH PENTECOSTAL APOSTOLIC CHURCH, INC.									
Principal Place of Business Mailing Address					- T FAMILIA DERMA ARRAI COLORA JULIA BARAN ORRIC B	(EU fiell Gibil Bibl	OIEN OLDIN NACI		
6805 SUGARLOAF KEY ST 6805 SUGARLOAF KEY ST. LAKE WORTH FL 33467 LAKE WORTH FL 33467			т.			3. Date incorporated or Qualified 03/15/1977			
US		US				4. FEI Number		Applied For	
2. Principal Place of Business 2a. Mailing Address						59-1732138		Not Applicable	
21 28						5. Certificate of Status Desired	, ,,,,,	Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		B. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be		
City & State	8	City & State		7. Is this nonprofit corporation a home		to Fees			
23		28			☐ Ye				
Zip	· - -		Country			8. This corporation owes or has paid th			
24	9. Name and Address of Current	Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Regist		□ No	
				B1	Name		<u> </u>	1	
SMALL, EDWIN				B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
6805 SUGARLOAF KEY ST.				\perp			···-		
LAKE WORTH FL 33467			i"	B3					
			T P				o Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the ab	ove-	named corporation	oration submits this statement for the purpon's board of directors. I hereby accept th	ose of changing	its registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, F	iorida Statu	ites.	ine corporation	one board of directors. Thereby decept an	о арропилот г	io regiotorea	
SIGNATURE	Signature, typed or printed name of registered egen	and title if applicable (NO	TE Registered	Agent	signetuse require	id when reinstating)	MTE		
12.			13.			ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
TITLE	VD	DELETE	1.1 Tifl	.E			☐ Change	Addition	
NAME	SMALL, RUBY		1.2 NAA						
STREET ADDRESS	6805 SUGARLOAF KEY ST.				DDRESS			i	
CITY-ST-ZIP	LAKE WORTH FL	T or tre	1.4 CIT		ZIP	<u></u>	[] Ob	- Addition	
TITLE	PD CMAIL EDMIN	DELETE	2.1 TITL		 		Change	Addition	
NAME OTREET ADDRESS	SMALL, EDWIN 6805 SUGARLOAF KEY ST.		2.2 NAA		nnacee				
STREET ADDRESS CITY-ST-ZIP	LAKE WORTH FL			Y-ST	DORESS .				
TITLE	STD	☐ DELETE	3.1 TITL				Change	Addition	
NAME	GOWE, NATHANIEL		3.2 NAN	Æ					
STREET ADDRESS	6805 SUGARLOAF KEY ST.		3.3 STA	EET A	DDRESS				
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY		-ZIP	· · · · · · · · · · · · · · · · · · ·	···		
TITLE	VO	☐ DELETE	4.1 TITL	E.	•		☐ Change	Addition	
NAME	SMALL, RUBY		4. 2 NA		ļ				
STREET ADDRESS	6805 SUGARLOAF KEY ST.		4.3 STREET AC						
CITY-ST-ZIP	LAKE WORTH FL PD	DELETE	4.4 CHY 5.1 TITL		ZIP	······································	☐ Change	Addition	
TITLE	SMALL, EDWIN	_ occit	5.7 NAN		-			AND PROPERTY.	
STREET ADDRESS	6805 SUGARLOAF KEY ST.		5.2 NAME 5.3 STREET		DORESS				
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY						
TITLE	STD	☐ DELETE	6.1 TITL				Change	Addition	
NAME	GOWE, NATHANIEL		6.2 NAN					ĺ	
STREET ADDRESS			6.3 STR	EET AI	DORESS				
CITY, ST. 71P			6.4 CID	r-st-	.7IP			1	

14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

EDWIN-SMALL

FILED

Feb 17 1998 8:00am

Secretary of State