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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

738673

(3)

FIRST PENTECOSTAL CHURCH OF ARLINGTON, INC.

Mailing Address Principal Place of Business 2226 ST. JOHNS BLUFF ROAD SOUTH 2226 ST. JOHNS BLUFF ROAD SOUTH 3. Date Incorporated or Qualified JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 04/14/1977 4. FEI Number Applied For 59-2502807 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite. Apt. #, etc. Suite, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DEAL, KEITH M., ESQ Street Address (P.O. Box Number is Not Acceptable) 82 101 BARNETT REGENCY TOWER 83 JACKSONVILLE FL 32211-8179 84 City Zip Code 85 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 DATE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE PCD TITLE MILLER, MERVYN T 1.2 NAME NAME 10660 CRAIG DR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DS DELETE 2.1 TITLE TITLE OSBORNE, BRUCE 2.2 NAME NAME 1414 BELLSHORE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE **CUNDIFF, DAVID** 3.2 NAME NAME 2168 ST. JOHNS BLUFF 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3.4 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE MILLER, BRENDA 4. 2 NAME NAME 10660 GRAIG DR 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MERVIN T. MILLER 4-33-98

FILED

May 15 1998 8:00am

Secretary of State