FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1998 8:00am

Secretary of State

CR2E037

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

17120 NW 18 AVE

COVINGTON, IVORY JR. 2954 NW 52 STREET

MAIMI FL

MIAMI FL

DOCUMENT #

742541

(6)

PENTECOSTAL CHURCH OF JESUS CHRIST OF THE APOSTO LIC DOCTRINE, INC. Principal Place of Business Mailing Address 765 NW 44TH ST. 765 NW 44TH ST. 3. Date Incorporated or Qualified MIAMI FL 33127 MIAMI FL 33127 04/21/1978 4. FEI Numb Applied For 05-0322900 Not Applicable Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zìp Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COVINGTON, IVORY T Street Address (P.O. Box Number is Not Acceptable) **765 NW 44 STREET** 83 MIAMI FL 33127 84 City 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 gistered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE COVINGTON, IVORY T 1.2 NAME NAME 765 N.W. 44TH. ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME COVINGTON, BRENDA 2.2 NAME STREET ADDRESS 2954 NW 52 ST 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 3.1 TITLE Change Addition TITLE COVINGTON, LILLIA 3.2 NAME NAME 765 NW 44 STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE LYNN, ADRAIN 4. 2 NAME NAME 16135 NW 28 PL 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MATHEWS, TERRELL NAME 5.2 NAME

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

DELETE