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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
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DOCUMENT # 742541

1. Corporation Name
PENTECOSTAL CHURCH OF JESUS CHRIST OF THE APOSTOLIC DOCTRINE, INC.

Principal Place of Business 765 NW 44TH ST. MIAMI FL 33127	Mailing Address 765 NW 44TH ST. MIAMI FL 33127
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/21/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0322900 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COVINGTON, IVORY T 765 NW 44 STREET MIAMI FL 33127		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P COVINGTON, IVORY T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	765 N.W. 44TH. ST.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D COVINGTON, BRENDA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2954 NW 52 ST	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COVINGTON, LILLIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	765 NW 44 STREET	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LYNN, ADRAIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16135 NW 28 PL	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T MATHEWS, TERRELL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17120 NW 18 AVE	5.2 NAME	
STREET ADDRESS	MAIMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T COVINGTON, IVORY JR.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2954 NW 52 STREET	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] 2-8-99 (305) 751-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)