

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 27 PM 12:02

SECRETARY OF STATE
FLORIDA



DOCUMENT # 743772

(6)

1. Corporation Name

PENTECOSTAL CATHEDRAL, INC.

Principal Place of Business

Mailing Address

PO BOX 292842
TAMPA FL 33687

PO BOX 292842
TAMPA FL 33687

3. Date Incorporated or Qualified

05/28/1980

4. FEI Number

65-0180520

Applied For

Not Applicable

2. Principal Place of Business

21 5308 Columbus Drive

2a. Mailing Address

26 P.O. Box 292842

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Tampa, Florida

24 33619

25 Hillsborough

28 Tampa, Florida

29 33687

30 Hillsborough

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

SLOAN, REV. EUGENE A.
246 BYRD AVE.
LAKELAND FL 33815

10. Name and Address of New Registered Agent

81 Name REV Eugene Sloan
82 Street Address (P.O. Box Number is Not Acceptable)
2711 53rd St, North
83
84 City TAMPA FL 85 Zip Code 33619

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SLOAN, REV. EUGENE A.	246 BYRD AVE.	LAKELAND FL 33815	<input type="checkbox"/>
VP D	SLOAN, JOYCE	246 BYRD AVE.	LAKELAND FL 33815	<input type="checkbox"/>
SD	BASS, SHARON	#6 PHYLLIS PLACE	TAMPA FL 33687	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
SAME		2711 53rd Street, North	TAMPA, FLORIDA 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SAME		2711 53rd Street, North	TAMPA FLORIDA 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SAME		PO Box 292842	TAMPA, FL 33687	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Rev Eugene Sloan

Date

Daytime Phone #

07/09/98 813-763-2112

CR2E037 (5/98)