2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746261

FILED Jun 30, 2005 Secretary of State

Entity Name: FLORIDA STATE COUNCIL OF THE PENTECOSTAL ASSEMBLIES OF THE WORLD, INC.

Current Principal Place of Business: New Principal Place of Business: 17593 DEER ISLAND CIRCLE 1733 MERCY DRIVE POBOX68 ORLANDO, FL 32808 US KILLARNEY, FL 34740 **New Mailing Address: Current Mailing Address:** 17593 DEER ISLAND CIRCLE 1733 MERCY DRIVE POBOX68 ORLANDO, FL 32808 US KILLARNEY, FL 34740 FEI Number: 59-2303040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLEUS, ROBERT J JR ES NEWTON, BILLY G 255 S ORANGE AVE 306 NORTH DOLLINS AVENUE ORLANDO, FL 32803 ORLANDO, FL 32805 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: BILLY G. NEWTON 06/30/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PARCHIA, EARL, NEWTON, BILLY G Name: Name: P.O. BOX 68 N/A Address: 1733 MERCY DRIVE Address: ORLANDO, FL 32808 City-St-Zip: KILLARNEY, FL 34740 City-St-Zip: Title: () Delete Title: () Change () Addition BRIDGEWATER, ELVIN S. Name: Name: Address: 3071 NW 70TH TERR. Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: () Change () Addition LAWSON, JOHN H., Name: Name: 211 MELFORD PLACE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition NEWTON, BILLY G., Name: Name: LUSTER, ARDEN, 8057 THRASHER AVENUE Address: 306 N. DOLLINS AVE. Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: JACKSONVILLE, FL 32219 Title: () Delete Title: () Change (X) Addition THOMAS, ROBERT B Name: Name: P.O. BOX 2819 Address: Address: City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32168 Title: () Delete Title: () Change (X) Addition POTTER, WILL DR. Name: Name: Address: Address: P.O. BOX 9358 DAYTONA BEACH, FL 32114 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY G. NEWTON P 06/30/2005