

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **747113** (9)

1. Corporation Name

TRUE PENTECOSTAL CHURCH OF THE LORD JESUS, INC.



Principal Place of Business

Mailing Address

INC.
2303 HOOD ST.
HOLLYWOOD FL 33020

INC.
2303 HOOD ST.
HOLLYWOOD FL 33020

2. Principal Place of Business
21 **2303 Hood St.**
Suite, Apt. #, etc.
22
City & State
23 **Hollywood, Florida**
Zip
24 **33020**
Country
25 **Broward**
26 **2303 Hood St**
Suite, Apt. #, etc.
27
City & State
28 **Hollywood Florida**
Zip
29 **33020**
Country
30 **Broward**

3. Date Incorporated or Qualified
05/08/1979
3a. Date of Last Report
05/01/1995
4. FEI Number
65-0046780
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FORT, HENRY F.
2303 HOOD ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name **ALMA B FORT**
82 Street Address (P.O. Box Number is Not Acceptable)
2303 Hood Street
83
84 City **Hollywood** FL 85 Zip Code **33020**

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 **Pastor Alma B. Fort**

Pastor Alma B. Fort

4-22-96

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	PD	<input type="checkbox"/> DELETE
NAME	FORT, ALMA	
STREET ADDRESS	2303 HOOD ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DILWORTH, ARTHUR	
STREET ADDRESS	5663 FLAGLER STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FORT, ALMA	
STREET ADDRESS	2303 HOOD ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORT, HENRY ASST	
STREET ADDRESS	2302 HOOD ST	
CITY - ST - ZIP	DANIA, FL 00000	
TITLE	MAF	<input type="checkbox"/> DELETE
NAME	DILWORTH, LULA	
STREET ADDRESS	5663 FLAGLER STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEGGETT, JOHN	
STREET ADDRESS	619 NW 15TH TERR	
CITY - ST - ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Pastor Alma B. Fort**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 **954-925-9275**
Date Daytime Phone #

CR2E037 (12/95)