FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

747113

(9)

TRUE PENTECOSTAL CHURCH OF THE LORD JESUS, INC.

		•			
Principal Place	e of Business	Mailing Address			
2303 HOOD ST 2303 HOOD ST. HOLLYWOOD FL 33020		2303 HOOD ST 2303 HOOD ST. HOLLYWOOD FL 33020-1629		3. Date incorporated or Qualified 3a. Date of Last Report	
US		US		05/08/1979	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2s. Mailing Address		4. FEI Number 65-0046780	Applied For Not Applicable
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation has liability for I Florida Statutes	intangible tax under s. 199.032, Yes R No
	9. Name and Address of Currer			10 Name and Address of New Re	
			81 Name		
FORT, ALMA B.			62 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
2303 HOOD STREET HOLLYWOOD FL 33020			83		
HOLLIN	1000 FL 33020				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above-named corr	poration submits this statement for the p	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	or Florida. Such change was a ations of, Section 617.0503, Flo	iutnorized by the corporat rida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE .	Oversier als	ne 73. It	J- KIMI	a Bitart	4-27-97
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature requirements 13.	red when relinitating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	7,55,110,10,10,111,10,10,10	☐ Change ☐ Addition
NAME	FORT, ALMA		1.2 NAME		
STREET ADDRESS	2303 HOOD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.4 CITY - ST - ZIP	in the state of th	
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DILWORTH, ARTHUR 5663 FLAGLER STREET		2.2 NAME		•
STREET ADDRESS	HOLLYWOOD FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S	DELEVE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	FORT, ALMA		3.2 NAME		Carlo Change Carlo Manual
STREET ADDRESS	2303 HOOD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		3.4. CITY - ST - ZIP	11 T	<i>'</i>
TITLE	PD	☐ DELETE	4.1 TITLE		Change Addition
NAME	FORT, HENERY ASST		4. 2 NAME	in the second	the second second
STREET ADDRESS	2302 HOOD ST		4.3 STREET ADDRESS	<u> </u>	***** * · · ·
CHTY-ST-ZIP	DANIA, FL 00000 MAF	DELETE	4.4 CITY - ST - ZIP		I Observe I Assistan
TITLE	mar Dilworth, Lula	€ DETEIE	5.1 TITLE	·	Change Addition
NAME STREET ADDRESS	5863 FLAGLER STREET		5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	• •	
TITLE	1	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEGGETT, JOHN	_	6.2 NAME		
STREET ADDRESS	619 NW 15TH TERR		6.3 STREET ADDRESS		

14. I do 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; the lam 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.

NATURE AND TYPED OR PRINTED MAME OF BIGNING OFFICER ON CHRISTOP - Alma B. Foot-4-27-97 - 925-927