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♠ PF	PLICAT FOR STATE	ION	SE READ A	FLORIDA S		MEN Mort	IT OF STATE tham tate		ILED			
DOCUMENT # 757817								98 MAY -4 PM 12: 27				
Community Worship Center Principal Place of Business Mailing Address						Pentecustal Church, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
West Nine Mile Road P.O. Box 63111 6200 West Nine Mile Road Pensacola, F1. 32526 Pensacola, F1. 32526 If above addresses are incorrect in any way, line through incorrect information and enter correction below.												
					ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #					elc.			4/30/1981 5. FEI Number Applied For				
				City & State Zip Country				59-18	59-1861861 Not A 6. \$8.75 Additional Fe			
Zip	 _:	Country	: 1	Ζ φ				<u> </u>		r a Certificat		
7. Names a Title(s)	and Street Addresses of Each Officer and/or Director. (Floring Name of Officers and/or Directors 2				ida nonprofit corporations must list at least 3 Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Num			n r	City / State / Zip			
P	Middleton, Chester				6200 W. 9 Mile Road			Road	Pensacola, Fl			
A/P	Branson, Jim					2840 County Road 87			Robertsdale, Al.			
5/T	McNair, Deborah					6230 W. 9 Mile Road			Pensacola,F1.			
D	Ging, Wayne				300 South "L" Str			reet	reet Pensacola, Fl.			
D	Middleton, Dennis				1121 Muscogee Ro			ad	ad Cantonment, F1.			
8. Name and Address of Current Registered Agent												
MIDDLETON, CHESTER 6200 W 9 MILE ROAD PENSACOLA, FL. 32526 City							Street Address (F Suite, Apt. #, E1c City	****358.75 ****358.75 State Zip Code FL				
Signature of	D. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obliganture of agistered Agent. REGISTERED AGENT MUST SIGN								Date 4-27-	98		
11. Th	is co rpo an gi ble	ration Persor	(See other side on intang	o for informat gible tax.)	tion							
this reins	statement ap the cor porat	plication, the	e reason for dissoli	ution has been e ames of individu	eliminated, the als listed on t	corpor	ate name satisfies do not qualify for	the requirements an exemption un-	apter 607 or 617, F.S. I further of section 607.0401 or 617.044 der section 119.07(3)(i), F.S. Ti	01, F.S., that	t all fees	

SIGNATURE: Deborah M. Mai Secretary/TREOSURER 4-27-98 (850) 944-2593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR