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04-08-1999 90100 019 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757817

1. Corporation Name
**COMMUNITY WORSHIP CENTER PENTECOSTAL HOLINESS CH
 URCH, INC.**

Principal Place of Business
 WEST NINE MILE ROAD
 6200 W. 9 MILE ROAD
 PENSACOLA FL 32526
 US

Mailing Address
 P.O. BOX 6311
 PENSACOLA FL 32526



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21		26	04/30/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number
22		27	59-1861861	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>
23		Pensacola, Fl		\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24		29	30	\$5.00 May Be Added to Fees
		32526	Fl	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MIDDLETON, CHESTER 6200 W. 9 MILE ROAD PENSACOLA FL 32526				81	Name	
				82	Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	
				FL	85	Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, CHESTER	1.2 NAME	
STREET ADDRESS	6200 W. 9 MILE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	Deacon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAIR, DEBORAH	2.2 NAME	Bobby Guy
STREET ADDRESS	6230 W. 9 MILE ROAD	2.3 STREET ADDRESS	8115 Mobile Hwy
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, Fl. 32526
TITLE	AP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANSON, JIM	3.2 NAME	
STREET ADDRESS	2840 COUNTY ROAD 87	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROBERTSDALE AL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GING, WAYNE	4.2 NAME	
STREET ADDRESS	300 SOUTH "L" STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, DENNIS	5.2 NAME	
STREET ADDRESS	1121 MUSCOGUE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Deborah McNaair* SIGNATURE: *Deborah McNaair* 4-7-99 (850) 944-2593
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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