

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

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

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 63114  
PENSACOLA FL 32526



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 6200 W. 9 Mile Road

27 Suite, Apt. #, etc.

28 City & State

Pensacola, Fl

29 Zip

Country

32526

30 Escambia

3. Date Incorporated or Qualified

04/30/1981

4. FEI Number

59-1861861

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

9. Name and Address of Current Registered Agent

MIDDLETON, CHESTER  
6200 W. 9 MILE ROAD  
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

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

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 P ☐ DELETE

NAME MIDDLETON, CHESTER  
STREET ADDRESS 6200 W. 9 MILE ROAD  
CITY-ST-ZIP PENSACOLA FL

TITLE ST ☐ DELETE

NAME MCNAIR, DEBORAH  
STREET ADDRESS 6230 W. 9 MILE ROAD  
CITY-ST-ZIP PENSACOLA FL

TITLE AP ☒ DELETE

NAME BRANSON, JIM  
STREET ADDRESS 2840 COUNTY ROAD 87  
CITY-ST-ZIP ROBERTSDALE AL

TITLE D ☐ DELETE

NAME GING, WAYNE  
STREET ADDRESS 300 SOUTH "L" STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME MIDDLETON, DENNIS  
STREET ADDRESS 1121 MUSCOGUE ROAD  
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 McNair

4-7-99

(850) 944-2593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)