FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:27

DOCUMENT # 760027 (3)

1. Corporation Name
PENTECOSTAL CHURCH OF GOD "APOCALIPSIS", INC.

Principal Place of Business	Mailing Address
8701 TREVARTHON RD ORLANDO FL 32817	8701 TREVARTHON RD ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2534166 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ORTIZ,REV. ANTONIO, SR.
% 8701 TREVARTHON ROAD
ORLANDO FL 32817

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ORTIZ, ANTONIO, SR.	1.2 NAME	
STREET ADDRESS	9958 FLYNT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ORTIZ, RAQUEL	2.2 NAME	
STREET ADDRESS	9958 FLYNT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MORALES, NELIDA	3.2 NAME	
STREET ADDRESS	448 DEERWOOD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	MARTINEZ, LUZ L	4.2 NAME	Manuel Rodriguez
STREET ADDRESS	6520 B-CENTER WALK	4.3 STREET ADDRESS	3100 via Dos
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	T	5.1 TITLE	T ☑ Change ☐ Addition
NAME	TORRES, SAMUEL	5.2 NAME	Sally Montijo
STREET ADDRESS	7630 ALTAVAN AVE	5.3 STREET ADDRESS	2807 Logandale dr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	SD	6.1 TITLE	SD ☑ Change ☐ Addition
NAME	FONTANEZ, RANDY	6.2 NAME	Lourdes Olan
STREET ADDRESS	3840 GUILFORD CT.	6.3 STREET ADDRESS	109 Hollyhock Drive
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Altamonte Springs, FL 32701

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)(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.

SIGNATURE: [signature] 1/19/95 (407)6778042
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0034207