

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **760404** (4)
1. Corporation Name
PENTECOSTAL CHURCH OF OUR LORD AND SAVIOR JESUS CHRIST, INC.



Principal Place of Business Mailing Address
% 1409 N.E. 152ND ST. NORTH MIAMI BEACH FL 33162
% 1409 N.E. 152ND ST. NORTH MIAMI BEACH FL 33162

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1981	3a. Date of Last Report 02/02/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2142172		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WATSON, SIMEON
1409 NE 152ND ST
N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 of person or persons to be registered and their applicable

if the Registered Agent is a partner request when recording

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. 1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP
	PD WATSON, SIMEON	1409 NE 152ND ST	N MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
	VPD WATSON, ELAINE	1409 NE 152ND ST	N MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
	T WATSON, JR. S	1409 NE 152ND STREET	N. MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
	SD WATSON, JONATHAN	1409 NE 152 STR	NO MIAMI BCH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
	AS SMITH, INEZ	1500 NE 151ST TERRACE	N MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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)(k), 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: *Simeon Watson* 1-22-96 305-238-6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY, MONTH, YEAR

CR2E037 (12/95)