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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified
10/13/1981
4. FEI Number
59-2142172
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 10223 S.W. 180th St. Suite, Apt. #, etc. 26 10223 S.W. 180th Suite, Apt. #, etc.
22 City & State 27 Perrine, Fl.
23 Perrine, Fl. 28 Perrine, Fl.
24 33157 25 Dade 29 33157 30 Dade

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 Simeon Watson
82 Street Address (P.O. Box Number is Not Acceptable)
83 10223 S.W. 180th
84 City Perrine FL 85 Zip Code 33157

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 *Simeon Watson* Simeon Watson 2/10/98
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	PD	<input type="checkbox"/> DELETE
NAME	WATSON, SIMEON	
STREET ADDRESS	1409 NE 152ND ST	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WATSON, ELAINE	
STREET ADDRESS	1409 NE 152ND ST	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, LILLIE	
STREET ADDRESS	2830 NW 175TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ARCHER, KIMBERLY	
STREET ADDRESS	5480 NW 29TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, BRENDA	
STREET ADDRESS	10900 SW 185TH TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph Geneva	
1.3 STREET ADDRESS	28144 S.W. 142 ct.	
1.4 CITY - ST - ZIP	Miami, FL. 33033	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Martin Dyke	
2.3 STREET ADDRESS	10221 S.W. 184th Street	
2.4 CITY - ST - ZIP	Perrine, FL. 33157	
3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy Silimon	
3.3 STREET ADDRESS	260 N.W. 105 Street	
3.4 CITY - ST - ZIP	Miami, Fl. 33150	
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIE Jones	
4.3 STREET ADDRESS	2261 N.W. 58 Street	
4.4 CITY - ST - ZIP	Miami, FL. 33140	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles L. McCormick	
5.3 STREET ADDRESS	1876 N.W. 107th Street	
5.4 CITY - ST - ZIP	Miami, FL. 33167	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Charles, Harris	
6.3 STREET ADDRESS	5701 NW. 4AVE.	
6.4 CITY - ST - ZIP	Miami FL.	

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.

SIGNATURE: *Simeon Watson* Simeon Watson President 2/10/98 305-238-6932
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)