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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 760404

1. Corporation Name
PENTECOSTAL CHURCH OF OUR LORD AND SAVIOR JESUS CHRIST, INC.

Principal Place of Business: 10223 SW 180TH ST, PERRINE FL 33157, US
 Mailing Address: 10223 SW 180TH ST, PERRINE FL 33157, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2142172	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSON, SIMEON 1409 NE 152ND ST 10223 S W 180TH ST PERRINE FL 33157				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, SIMEON	1.2 NAME	
STREET ADDRESS	1409 NE 152ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, ELAINE	2.2 NAME	
STREET ADDRESS	1409 NE 152ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENEVA JOSEPH	3.2 NAME	
STREET ADDRESS	2814 SW 142 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33033	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKE, MARTIN	4.2 NAME	TD
STREET ADDRESS	10221 S W 184TH STREET	4.3 STREET ADDRESS	Washington Warren
CITY-ST-ZIP	PERRINE FL 33157	4.4 CITY-ST-ZIP	11771 SW 190th Street
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILIMON, TIMOTHY	5.2 NAME	
STREET ADDRESS	260 N W 105 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WILLIE	6.2 NAME	
STREET ADDRESS	2261 N W 58 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33140	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: *Simeon Watson* Simeon Watson President 4/11/99 305-945-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)