


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90008 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825115**

1. Corporation Name  
**ASSEMBLY OF PENTECOSTAL CHURCH OF JESUS CHRIST, INC.**

Principal Place of Business 3452 W. NORTH AVENUE CHICAGO IL 60647 US	Mailing Address 3452 W. NORTH AVENUE CHICAGO IL 60647 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/28/1970</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>51-0109562</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
24 Zip	25 Country	29 Zip
24	25	30 Country

9. Name and Address of Current Registered Agent  <b>QUINONES, GABINO REV</b> <b>4808 MALARKEY ST</b> <b>ORLANDO FL 32808</b>	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>FL</b></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td></td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>	83		84 City	
81 Name	85 Zip Code								
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>								
83									
84 City									

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P TORRES, OTONIEL REV</b>	1.2 NAME	
STREET ADDRESS	<b>3837 W N AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60647</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MONCLOVA, PABLO REV</b>	2.2 NAME	
STREET ADDRESS	<b>CALLE 410 MI-23 CC</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAROLINA, PUERTO RICO 00983</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP NUNEZ, REV. JUAN</b>	3.2 NAME	
STREET ADDRESS	<b>2649 W HIRSCH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60622</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MORENO, ANGEL L REV</b>	4.2 NAME	
STREET ADDRESS	<b>2120 W MIDDLEMASS STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T GERENA, RAMON REV.</b>	5.2 NAME	
STREET ADDRESS	<b>5759 W. 64TH PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60638</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RAMOS, HECTOR L</b>	6.2 NAME	
STREET ADDRESS	<b>165 700 ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW OXFORD PA</b>	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: Rev. Angel L. Moreno **REQUIRE** Rev. Angel L. Moreno 03/3/1999. (773)862-6775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)