

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 841980 (6)**

1. Corporation Name  
**THE PENTECOSTAL WORKERS OF THE WORLD, INC.**



Principal Place of Business: 2528 W. COLONIAL DR. ORLANDO FL 32804  
Mailing Address: 7523 ALOMA AVENUE 108 WINTER PARK FL 32792 US

3. Date Incorporated or Qualified: 12/05/1978  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 1523 ALOMA AV, Suite, Apt. #, etc. 22 STC 108, City & State 23 WINTER PARK FL, Zip 24 32792, Country 25 ORANGE  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

4. FEI Number: 59-1982476  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
JACKSON, DARRELL  
111 S BUTLER DR  
ORLANDO FL 32817

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 7918 SHOALS DR  
83 APT B  
84 City: ORLANDO FL 85 Zip Code: 32817

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD JACKSON, DARRELL	1.1 TITLE
NAME	JACKSON, DARRELL	1.2 NAME
STREET ADDRESS	7918 SHOALS DRIVE APT B	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP
TITLE	VD ROBINSON, TERRY L	2.1 TITLE
NAME	ROBINSON, TERRY L	2.2 NAME
STREET ADDRESS	1190 S RARITAN STREET APT 1	2.3 STREET ADDRESS
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP
TITLE	TD TARYLOR, RICHARD A	3.1 TITLE
NAME	TARYLOR, RICHARD A	3.2 NAME
STREET ADDRESS	106 RABUN COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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: [Signature] 2014/1996 407657-0404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ DAY/TIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)