

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 15 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **841980** (6)  
 1. Corporation Name  
**THE PENTECOSTAL WORKERS OF THE WORLD, INC.**



Principal Place of Business <b>7523 ALOMA AVE SUITE 100 WINTER PARK FL 32782 US</b>	Mailing Address <b>7523 ALOMA AVENUE 100 WINTER PARK FL 32782 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3039 Riverdale Rd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28 3039 Riverdale Rd</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>12/05/1978</b>	3a. Date of Last Report <b>03/26/1996</b>
22	27	4. FEI Number <b>59-1982476</b>	Applied For <input type="checkbox"/> Not Applicable
23 Orlando FL Zip Country <b>24 32817 25 US</b>	28 Orlando FL Zip Country <b>29 32817 30 US</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>JACKSON, DARRELL 7910 SHOALS DR APT B ORLANDO FL 32817</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>3039 Riverdale Rd</b>		
83	84 City <b>Orlando</b> FL 85 Zip Code <b>32817</b>		

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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACKSON, DARRELL</b>		1.2 NAME <b>DARRELL JACKSON</b>	
STREET ADDRESS <b>7910 SHOALS DRIVE APT B</b>		1.3 STREET ADDRESS <b>3039 RIVERDALE RD</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>ORLANDO FL 32817</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, TERRY L</b>		2.2 NAME	
STREET ADDRESS <b>1190 S RARITAN STREET APT 1</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DENVER CO</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TARYLOR, RICHARD A</b>		3.2 NAME <b>Richard Taylor</b>	
STREET ADDRESS <b>100 RABUN COURT</b>		3.3 STREET ADDRESS <b>345 HIDDEN LAKE DR</b>	
CITY-ST-ZIP <b>SANFORD FL</b>		3.4 CITY-ST-ZIP <b>SANFORD FL 32773</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **DARRELL JACKSON** 9/15/97 407 273 0082

CP2E037 (4/97)