

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 7523 ALOMA AVE SUITE 400 WINTER PARK FL 32782 US	Mailing Address 7523 ALOMA AVENUE 100 WINTER PARK FL 32782 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1978	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 3039 Riverdale Rd Suite, Apt. #, etc. 22	2a. Mailing Address 28 3039 Riverdale Rd Suite, Apt. #, etc. 27
City & State 23 Orlando FL Zip Country 24 32817 25 US	City & State 28 Orlando FL Zip Country 29 32817 30 US

4. FEI Number 59-1982476	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

JACKSON, DARRELL
7910 SHOALS DR
APT B
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3039 Riverdale Rd
83	
84 City	Orlando
85 Zip Code	FL 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, DARRELL	
STREET ADDRESS	7910 SHOALS DRIVE APT B	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, TERRY L	
STREET ADDRESS	1190 S RARITAN STREET APT 1	
CITY-ST-ZIP	DENVER CO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TARYLOR, RICHARD A	
STREET ADDRESS	100 RABUN COURT	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DARRELL JACKSON	
1.3 STREET ADDRESS	3039 Riverdale Rd	
1.4 CITY-ST-ZIP	Orlando FL 32817	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Taylor	
3.3 STREET ADDRESS	345 HIDDEN LAKE DR	
3.4 CITY-ST-ZIP	SANFORD FL 32773	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)