

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

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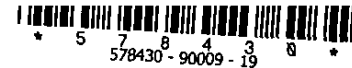
1. Corporation Name

PENTECOSTAL GOSPEL TEMPLE (INC.)

Principal Place of Business

Mailing Address

111 WINDWARD ROAD
KINGSTON 2
JAMAICA, WI



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 441 S. STATE RD. 7

4. FEI Number

Applied For

22 City & State

27 SUITE 17 & 18

☒ Not Applicable

23 Zip

Country

28 MARGATE FL

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24

25

29 33068

30 U.S.

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

SANE CAROLYN A DIEDERICK

82 Street Address (P.O. Box Number is Not Acceptable)

441 S State Rd 7

83

Suite 17 & 18

84 City

Margate

FL

85 Zip Code

33068

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHAIRMAN/PRESIDENT ☐ DELETE

NAME REV CARMEN STEWART

STREET ADDRESS 111 WINDWARD ROAD

CITY-ST-ZIP KINGSTON 2, JAMAICA W.I.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VICECHAIRMAN/VICE PRESIDENT ☐ DELETE

NAME REV. FREDERICK THOMPSON

STREET ADDRESS 54 SLIPE ROAD

CITY-ST-ZIP KINGSTON 5, JAMAICA W.I.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

NAME CHARLES PHILLIPS

STREET ADDRESS 2 TRAVISTOLK TERRACE

CITY-ST-ZIP KINGSTON 6, JAMAICA W.I.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

NAME ROBERT STEWART

STREET ADDRESS 34 MONTCLAIR DR

CITY-ST-ZIP KINGSTON 6, JAMAICA W.I.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE

NAME ENID KEANE

STREET ADDRESS 111 WINDWARD ROAD

CITY-ST-ZIP KINGSTON 2 JAMAICA WI

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)