

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 # N00952 (4)

1. Corporation Name

GASKIN PENTECOSTAL CHURCH, INC.



Principal Place of Business

Mailing Address

% REV JOHN HURLEY  
RT 3 BOX 138-A  
DEFUNIAK SPRINGS FL 32433

% REV JOHN HURLEY  
RT 3 BOX 138-A  
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified  
01/17/1984

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURLEY, JOHN E.  
ROUTE 3, BOX 138-A  
DEFUNIAK SPRINGS FL 32433

81 Name

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

83

84 City

FL

85 Zip Code

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 PD  
NAME HURLEY, JOHN E.  
STREET ADDRESS RT 3 BOX 138-A  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

1.1 TITLE John E. Hurley  
1.2 NAME 17047 State Hwy 832  
1.3 STREET ADDRESS Defuniek Spcp Fl.  
1.4 CITY-ST-ZIP 32433

☒ Change ☐ Addition

TITLE D  
NAME HURLEY, NELLIE F.  
STREET ADDRESS RT 3 BOX 138-A  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

2.1 TITLE Nellie F. Hurley  
2.2 NAME 17047 State Hwy 832  
2.3 STREET ADDRESS Defuniek Spcp Fl.  
2.4 CITY-ST-ZIP 32433

☒ Change ☐ Addition

TITLE S  
NAME POSTON, ROBIN M.  
STREET ADDRESS RT 3 BOX 140  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

3.1 TITLE Robin M Poston  
3.2 NAME 29 Phillips Rd  
3.3 STREET ADDRESS Defuniek Spcp Fl.  
3.4 CITY-ST-ZIP 32433

☒ Change ☐ Addition

TITLE D  
NAME HOLLAND, RAY  
STREET ADDRESS P.O. BOX 414 N/A  
CITY-ST-ZIP KINSTON AL 36453

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D  
NAME POSTON, LUETTA  
STREET ADDRESS P.O. BOX 1035 N/A  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

☐ DELETE

5.1 TITLE Luetta Poston  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)