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Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 130-A  
DEFUNIAK SPRINGS FL 32433% REV JOHN HURLEY  
RT 3 BOX 130-A 17047 State Hwy 83N  
DEFUNIAK SPRINGS FL 32433-98033. Date Incorporated or Qualified  
01/17/19843a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number

65-0029362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURLEY, JOHN E.  
ROUTE 3, BOX 130-A 17047 State Hwy 83N  
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 17047 STATE HWY. 83N  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 324331.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME HURLEY, NELLIE F.  
STREET ADDRESS 17047 STATE HWY. 83N  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 324332.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE S  
NAME POSTON, ROBIN M.  
STREET ADDRESS 29 PHILLIPS RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 324333.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME HOLLAND, RAY  
STREET ADDRESS P.O. BOX 414 N/A  
CITY-ST-ZIP KINSTON AL 364534.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME POSTON, LUETTA  
STREET ADDRESS P.O. BOX 1035 N/A  
CITY-ST-ZIP DEFUNIAK SPRINGS FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME Holland, Ken  
STREET ADDRESS Rt 3 Box 160 A.C.  
CITY-ST-ZIP Samson AL 364776.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)