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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90112 045 \*\*\*\*61.25

0010343

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N00952**

1. Corporation Name

**GASKIN PENTECOSTAL CHURCH, INC.**

Principal Place of Business

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

Mailing Address

C/O REV. JOHN HURLEY  
 17047 STATE HIGHWAY 83 N  
 DEFUNIAK SPRINGS FL 32433  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/17/1984

4. FEI Number

65-0029362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD  
 NAME HURLEY, JOHN E.  
 STREET ADDRESS 17047 STATE HWY. 83N  
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ DELETE

TITLE D  
 NAME HURLEY, NELLIE F.  
 STREET ADDRESS 17047 STATE HWY. 83N  
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☒ DELETE

TITLE S Kendrick  
 NAME POSTON, ROBIN M.  
 STREET ADDRESS 290 PHILLIPS RD. 270 One Way Lane  
 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ DELETE

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

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

TITLE D  
 NAME HOLLAND, KEN  
 STREET ADDRESS ROUTE 3, BOX 160 A.C.  
 CITY-ST-ZIP SAMPSON AL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Mark Roberts

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

George Kendrick  
 270 One Way Lane  
 Defuniak Spgs FL 32433

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Jimmy Watson  
 Rt 2 Box 365  
 Florida AL 36442

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

2-1-99 (850) 834-2468

Date

Daytime Phone #

CR2E037 (11/98)