

**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 # N01693 (3)**  
1. Corporation Name  
**PENTECOSTAL ASSEMBLIES, INC.**



Principal Place of Business: 1535 NW 15TH AVENUE, FT. LAUDERDALE FL 33311-5402  
Mailing Address: 1535 NW 15TH AVENUE, FT. LAUDERDALE FL 33311-5402

3. Date Incorporated or Qualified: **02/28/1984**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-2379289	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Zip	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROYSTAN, TRACEY**  
4231 NW 19TH ST  
#255  
LAUDERHILL FL 33313

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARE, REV. OSCAR B.	1.2 NAME	O'HARE, REV. OSCAR B
STREET ADDRESS	1117 N.W. 44TH TERR.	1.3 STREET ADDRESS	1535 NW 15TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33311
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, UNA M	2.2 NAME	GERMAN COLIN M
STREET ADDRESS	3561 SW THIRD ST	2.3 STREET ADDRESS	2900 NW 56 AVE - APT 104
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL. 33313
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEMISON, MONICA	3.2 NAME	
STREET ADDRESS	20880 N MIAMI AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDRON, GLORIA C	4.2 NAME	
STREET ADDRESS	1201 NW 56 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSTAN, TRACEY	5.2 NAME	
STREET ADDRESS	4231 NW 19TH ST #255	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, UNA M	6.2 NAME	
STREET ADDRESS	5025 N.W. 36 STREET, APT 1206	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: **2/25/96** (454) 730-0598  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)