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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N01693

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2379289	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'HARE, REV. OSCAR B.	1.2 NAME	Janel Alexander
STREET ADDRESS	1535 NW 15TH AVE	1.3 STREET ADDRESS	5079 NW 41st Place
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	Lauderdale Lakes, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMAN, COLIN M.	2.2 NAME	Douglas Jemison
STREET ADDRESS	2800 NW 56TH AVE, APT 104	2.3 STREET ADDRESS	20880 N Miami Ave
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	Miami FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEMISON, MONICA	3.2 NAME	Veta Tracey
STREET ADDRESS	20880 N MIAMI AVE	3.3 STREET ADDRESS	4231 NW 19th St #255
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Lauderhill, FL
TITLE	SD <input checked="" 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 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 REQUIRED 2/8/99 305/652-2692
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)