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04-26-1999 90119 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N06037**

1. Corporation Name

VENICE APOSTOLIC UNITED PENTECOSTAL CHURCH, INC.

Principal Place of Business	Mailing Address
% EDGIL HALL 2235 SEABOARD AVENUE VENICE FL 34293	% EDGIL HALL 2235 SEABOARD AVENUE VENICE FL 34293

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/07/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2469635 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALL, EDGIL 380 DORCHESTER DR VENICE FL 33595	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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WAGONER, OSCAR		1.2 NAME		
STREET ADDRESS	5439 SYLVANIA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLE, STANLEY		2.2 NAME		
STREET ADDRESS	308 CHICOPA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	N.PORT FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALL, EDGIL		3.2 NAME		
STREET ADDRESS	380 DORCHESTER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	VIRGIL WELLS		4.2 NAME	Carolina Church	
STREET ADDRESS	71 MAGNOLIA DR		4.3 STREET ADDRESS	315-8th St.	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: E. Virgil Wells SIGNATURE REQUIRED 4/25/99 941-493-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #