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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08788
 1. Corporation Name
NEW ST. PAUL TEMPLE CHURCH OF GOD IN CHRIST INCORPORATED

Principal Place of Business C/O DAVID JONES 3621 E. GENESSEE ST. TAMPA FL 33610	Mailing Address C/O DAVID JONES 3621 E. GENESSEE ST. TAMPA FL 33610
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2. Principal Place of Business 21 3101-2 E. Lake Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 11308 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/18/1985
22 Tampa, Florida City & State	27 Tampa, Florida City & State	4. FEI Number 59-2520497 Applied For Not Applicable
23 33610 Hillsborough Zip Country	28 33680 Hillsborough Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
JONES, DAVID A.
5006 SIERRA PLACE
APT. 7382
TAMPA FL 33617

10. Name and Address of New Registered Agent
 81 Name
Jones, David A.
 82 Street Address (P.O. Box Number is Not Acceptable)
7202 East Bank Drive
 83
Tampa, FL 33617
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, DAVID A	
STREET ADDRESS	7202 EAST BANK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUCKER, BARBARA	
STREET ADDRESS	10208 N 21ST STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DAVID P	
STREET ADDRESS	1205 E LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DAVID P	
STREET ADDRESS	716 E. 113TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, ALBERT	
STREET ADDRESS	2809 N.29TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCAFFEE, ALBERT L.	
STREET ADDRESS	9605 N 16TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Frazier, Nelia Pastor	
1.3 STREET ADDRESS	7889 Niagra	
1.4 CITY-ST-ZIP	Tampa, FL 33617	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Clarke, Charles Pastor	
2.3 STREET ADDRESS	15704 Pony Place	
2.4 CITY-ST-ZIP	Tampa, FL 33624	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Williams, Thaddeus Deacon	
3.3 STREET ADDRESS	5609 North 30th Street	
3.4 CITY-ST-ZIP	Tampa, FL 33610	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bunting, Eddy	
4.3 STREET ADDRESS	706 Sunbright Drive	
4.4 CITY-ST-ZIP	Seffner, FL 33584	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *K. [Signature]* DATE: *April 13, 1999* (813)248-9385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)