FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

May 19 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

l	MENT # NO902 RY CHRISTIAN PENTECOS				
Principal Plac	e of Business	Mailing Address			0 (8 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
939 MASSACHUSETTS AVE PENSACOLA FL 32805		839 MASSACHUSETTS AVE PENSACOLA FL 32505		3. Date Incorporated or Qualified 05/01/1985 4. FEI Number 59-2876267 Not Applied For	
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
23	e	28		7. Is this nonprofit corporation a homeown	ers association?
Zip	Country	Zip	Country	This corporation owes or has paid the corporation ower or has paid the corporation of the corporation ower or has paid the corporation of the corporation o	surrent year Intangible
24	25		10	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	Hegistered Agent	81 Name	10. Name and Address of New Registere	a Agent
FLETCHER, ARTHUR L 939 MASSACHUSETTS AVE PENSACOLA FL 32505			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
SIGNATURE	Signature Typed or printed name of registered age OFFICERS AND	if and the if applicable (NOTE:	Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate of the purpose of t	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, ARTHUR L		1.2 NAME		
STREET ADDRESS	230 CLEMATIS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	FLETCHER, PAMELA G		2.2 NAME		
STREET ADDRESS	230 CLEMATIS ST. PENSACOLA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2.4 C(TY-ST-ZIP 3.1 TITLE		Change Addition
NAME	HOLT, SHERIDAN		3.2 NAME		
STREET ADDRESS	2702 MASSACHUSETTS AVE	APT. 147	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY - ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		=
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	l:		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition

14. Thereby certify that the information supplied with this filling 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.