FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:05

DOCUMENT # N10651 (0)

1. Corporation Name
INDEPENDENT PENTECOSTAL ASSEMBLY, INC.

Principal Place of Business	Mailing Address
10 LANGFORD STREET FT. MEADE FL 33841	10 LANGFORD STREET FT. MEADE FL 33841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1985
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2427246 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRISON, VIRGINIA
320 WEST BRIDGERS AVENUE
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HARRISON, VIRGINIA	12 NAME	Virginia Harrison
STREET ADDRESS	320 BRIDGERS AVENUE	13 STREET ADDRESS	320 Bridgers Ave.
CITY-ST-ZIP	AUBURNDALE FL 33843	14 CITY-ST-ZIP	Auburndale, Fla. 33843
TITLE	VD	21 TITLE	VP ☒ Change ☐ Addition
NAME	COLLIER, GEORGE,	22 NAME	Tom Jacobs
STREET ADDRESS	P.O. BOX 572 N/A	23 STREET ADDRESS	2090 S State Road 17 South
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	24 CITY-ST-ZIP	Avon Park 33825
TITLE	STD	31 TITLE	ST ☒ Change ☐ Addition
NAME	CARTER, ELLEN D.	32 NAME	Cynthia Murray
STREET ADDRESS	1100 LOOP ROAD	33 STREET ADDRESS	10 Langford St
CITY-ST-ZIP	ELOISE FL 33884	34 CITY-ST-ZIP	F.T. Meade Fl. 33841
TITLE		41 TITLE	Clerk ☒ Change ☐ Addition
NAME		42 NAME	Ellen D. Carter
STREET ADDRESS		43 STREET ADDRESS	1100 Eloise Loop Rd.
CITY-ST-ZIP		44 CITY-ST-ZIP	Eloise Fl. 33884
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Cynthia Murray — May 12, 1995 — 813-285-6309
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087802