


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N14019** (6)
1. Corporation Name
PENTECOSTAL CHRISTIAN FELLOWSHIP CHURCH, INC.



| | |
|--|--|
| Principal Place of Business 2901 W AIRPORT RD 2807 OLAVET COURT PLANT CITY FL 33567 US | Mailing Address 2901 W AIRPORT RD 2807 OLAVET COURT PLANT CITY FL 33567 US |
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|--|--|
| 3. Date Incorporated or Qualified 03/26/1986 | |
| 4. FEI Number 59-2667071 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 2901 W. Airport Rd. Suite, Apt. #, etc. 22 City & State 23 Plant City, FL. Zip 24 33567 Country 25 US | 2a. Mailing Address 26 2901 W. Airport Rd. Suite, Apt. #, etc. 27 City & State 28 Plant City, FL. Zip 29 33567 Country 30 US |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**TANNER, NORMAN E
2901 W AIRPORT RD
PLANT CITY FL 33567**

| |
|---|
| 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 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 | <input type="checkbox"/> DELETE |
| NAME | D TANNER, LUANNE |
| STREET ADDRESS | 2901 W AIRPORT RD |
| CITY-ST-ZIP | PLANT CITY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D JOHNSTON, CHERYL |
| STREET ADDRESS | 2001 JUNIPER CIRCLE |
| CITY-ST-ZIP | PLANT CITY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D JOHNSTON, ROSCOE |
| STREET ADDRESS | 2001 JUNIPER CIRCLE |
| CITY-ST-ZIP | PLANT CITY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P TANNER, NORMAN E |
| STREET ADDRESS | 2901 W AIRPORT RD |
| CITY-ST-ZIP | PLANT CITY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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.

SIGNATURE: **SIGNATURE REQUIRED** 1/4/98 813 719-7045

CR2E037 (10/97)