FILE NOW: FILING FEE IS \$61.25

Mailing Address

13650 S.W. 91ST PLACE

DUNNELLON FL 34432

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90134 030 ****61.25

1999 DOCUMENT # N23068

Corporation Name

Principal Place of Business

13650 S.W. 91ST PLACE

DUNNELLON FL 34432

PENTECOSTAL	TRINITY	CHURCH.	INC
-------------	---------	---------	-----

		•	00						1 1901(18) GIN 11968 1151(90)(7 B	181 (81) [18]	61011 11 5 11 61611	EIAN EIEN ISS
	Place of Business	2a 26						3.	Date Incorporated or Qualifer 10/19/1987	· I	<u></u>	•
]	л. », е к.		Suite, Apt.	#, etc.			<u> </u>	4.	FEI Number			Applied For
City & S	tate	27	City & Stat	<u> </u>		_			59-2874832			lot Applicable
Zip	Country	28						5.	Certificate of Status Desired			Additional Required
7	25	29	Zip !	ſ	Count	try		6.	Election Campaign Financing		\$5.00	May Be
-	9. Name and Address of Curren	t Regis	stered Agen		30			1_	Trust Fund Contribution		Added	to Fees
			Merca Agon	<u> </u>	8	11	Name	10.	Name and Address of New	Registere	d Agent	
NEW, DE	ENNIS				Ľ	l						
	.W. 91ST PLACE				8	2	Street Addre	ss (P	O. Box Number is Not Accept	able)		
	LON FL 34432				8	-				<u> </u>	٠,	**- \\
JOI 111 LL	LON 1 L 34432]6	۱"						,
					84	4	City				85 Zip	Code
Pursuan	t to the provisions of Sections 617 0502	and 6	17 1508 Flo	rido Statuta	- 46 5 -				·	Fl		
office or agent 1	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	f Floric	Ja. Such chai	nge was au	thorized by	ve- y th	named corpo he corporation	ration 1's boa	submits this statement for the	purpose o	f changing its	registered
		ons of,	Section 617.	.0503, Florid	da Statute	s.	•		or all octors. I hereby acces	" uie appo	wirtineur as te	egistered
GNATURE	Signature, typed or printed name of registered agent	and title i	if poplicable	ANOTE: E								
	OFFICERS AND			(NOTE: F	13.	ent s	signature required v			DATE		
.E	PD			DELETE	1.1 TITLE			A	DDITIONS/CHANGES TO OF	ICERS A		ORS IN 12
Æ	NEW, DENNIS				1.2 NAME						Change	☐ Addition
EET ADDRESS					l .					1		
/-ST-ZIP	DUNNELLON FL				1.3 STREE		i i			•		
Ε	VD			ELETE	1.4 CITY-5	ST-Z	ZIP					
SE.	LOPP, KENNETH			, L.L. L	2.1 TITLE						Change	☐ Addition
EET ADDRESS	589 N LOPP POINT				2.2 NAME							
'-ST-ZIP	LECANTO FL				2.3 STREE		1					
E	SD			ELETE	2.4 CITY-S	ST-Z	ZIP					
E	NEW, PATRICIA LEE			Erele	3.1 TITLE						Change	☐ Addition
EET ADDRESS	13650 S.W. 91ST PLACE				3.2 NAME]					
-ST-ZIP	DUNNELLON FL				3.3 STREET		I					
	TD			ELETE	3.4. CITY-S	T-Z	IP			_		l
E	LOPP, MARY		□ 08	ELEIC	4.1 TITLE						☐ Change	Addition
ET ADDRESS	589 N LOPP POINT				4, 2 NAME							İ
ST-ZIP	LECANTO FL				4.3 STREET	۲ADI	DRESS					·
SI-ZI	LLCANTO FL				4.4 CITY-S1	T-ZII	P					
			☐ DE	LEIE	5.1 TITLE						Change	Addition
ET ADDRESS					5.2 NAME		ĺ					ļ
ST-ZIP					5.3 STREET		1		•			ļ
31-21					5.4 CITY-ST	- ZIF	-					
į			☐ DE	LETE	6.1 TITLE						☐ Change	Addition
T ADODECO					6.2 NAME		1				_ •	
ET ADORESS					6.3 STREET	ADD	ORESS					ſ

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 efficiency 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SNATURE: