

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23588 (9)**  
1. Corporation Name  
**PENTECOSTAL CHURCH UPON A SOLID FOUNDATION, INC.**



Principal Place of Business <b>278 NE 35TH CT OAKLAND PARK FL 33334 US</b>	Mailing Address <b>278 NE 35TH CT OAKLAND PARK FL 33334 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>11/23/1987</b>
4. FEI Number <b>65-0032422</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>EVERETT, CHARLES L. 8001 NORTHWEST 22ND AVENUE MIAMI FL 33147</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	<b>D SNELL FELTRON</b>
STREET ADDRESS	<b>RT 1 BOX 343</b>
CITY-ST-ZIP	<b>MERSHON GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HOGGIN, JAMES</b>
STREET ADDRESS	<b>3225 NW 3RD ST</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SNELL, CHARLES</b>
STREET ADDRESS	<b>4441 NW 43RD CT</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T DAVIS LEON</b>
STREET ADDRESS	<b>3620 SW 3RD ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T DAVIS, LEON</b>
STREET ADDRESS	<b>3620 SW 3RD ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Snell Felton</b>
1.3 STREET ADDRESS	<b>Rt 1 Box 343</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Hoggins James</b>
2.3 STREET ADDRESS	<b>3225 NW 3rd St</b>
2.4 CITY-ST-ZIP	<b>FT Lauderdale FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Snell Charles</b>
3.3 STREET ADDRESS	<b>4441 NW 43ct</b>
3.4 CITY-ST-ZIP	<b>FT Lauderdale FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T Davis Leon</b>
4.3 STREET ADDRESS	<b>3620 SW 3rd St</b>
4.4 CITY-ST-ZIP	<b>FT Lauderdale FL</b>
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]* **2/14/98** **954-486-9098**

CR2E037 (10/97)