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FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N25040 (9)

1. Corporation Name

EMANUEL PENTACOSTAL ASSEMBLY OF GOD, INC.



Principal Place of Business

Mailing Address

%CECIL JAMES JOHNSON
2309 BROWN STREET
PORT CHARLOTTE FL 33948

%CECIL JAMES JOHNSON
2309 BROWN STREET
PORT CHARLOTTE FL 33948-3402

2. Principal Place of Business

2a. Mailing Address

21 % Mabel Johnson

26 % Mabel Johnson

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
02/25/1988

3a. Date of Last Report
04/19/1996

4. FEI Number
26-2332037

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, CECIL JAMES
2309 BROWN STREET
PORT CHARLOTTE FL 33948

81 Name

Mabel Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

2309 Brown St.

83

84 City

Pt. Charlotte

FL

85 Zip Code

33948

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

Mabel Johnson PD

4-4-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD

1.2 NAME JOHNSON, CECIL JAMES

1.3 STREET ADDRESS 2309 BROWN STREET

1.4 CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE D

2.2 NAME JOHNSON, MABEL

2.3 STREET ADDRESS 2309 BROWN STREET

2.4 CITY-ST-ZIP PORT CHARLOTTE FL

3.1 TITLE D

3.2 NAME JOHNSON, NAOMI

3.3 STREET ADDRESS 2309 BROWN STREET

3.4 CITY-ST-ZIP PORT CHARLOTTE FL

4.1 TITLE D

4.2 NAME JOHNSON, RUTH

4.3 STREET ADDRESS 2309 BROWN STREET

4.4 CITY-ST-ZIP PORT CHARLOTTE FL

5.1 TITLE D

5.2 NAME PEART, VINCENT

5.3 STREET ADDRESS 231 FAITH STREET

5.4 CITY-ST-ZIP PORT CHARLOTTE FL

6.1 TITLE D

6.2 NAME PEART, LUCILLE

6.3 STREET ADDRESS 231 FAITH STREET

6.4 CITY-ST-ZIP PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD

1.2 NAME Mabel Johnson

1.3 STREET ADDRESS 2309 Brown St.

1.4 CITY-ST-ZIP Pt. Charlotte FL 33948

2.1 TITLE D

2.2 NAME George Johnson

2.3 STREET ADDRESS 2295 Aaron St. Apt. 404

2.4 CITY-ST-ZIP Pt. Charlotte FL 33952

3.1 TITLE D

3.2 NAME Ambrozzine Johnson

3.3 STREET ADDRESS 3518 Shawn St.

3.4 CITY-ST-ZIP Pt. Charlotte FL 33980

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)