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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **N30240** **(8)**

1. Corporation Name

FLORIDA DISTRICT UNITED PENTECOSTAL CHURCH, INC.

Principal Place of Business	Mailing Address
5011 NW GAINESVILLE HWY OCALA FL 34475 US	P.O. BOX 966 OCALA FL 34478 US

3. Date Incorporated or Qualified: 01/18/1989

4. FEI Number: 59-2798973 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, C. PATTON
1800 N.E. 8TH ROAD
OCALA FL 34470

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 _____ 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	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRABTREE, O.C.		1.2 NAME	
STREET ADDRESS	1248 N. HWY 71		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL 32465		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, C. PATTON		2.2 NAME	
STREET ADDRESS	4340 N.E. 3RD COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34479		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, PAUL H.		3.2 NAME	
STREET ADDRESS	6567 LAKE CHARLENE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRABTREE, ALLEN E		4.2 NAME	
STREET ADDRESS	515 PARKWOOD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		4.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MICHAEL J		5.2 NAME	
STREET ADDRESS	1000 ERROL PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WOLFE, JAMES		6.2 NAME	
STREET ADDRESS	6916 GREENHILL PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: C. Patton Williams RECEIPT C. Patton Williams 1-6-98 352 629 6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #