FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB -6 AM 8:36

700001387517
-02/06/95--01015--001
SECRETARY OF STATE
TALLAHASSEE, FLORIDA ****68.75

DOCUMENT # N32336 (2)

1. Corporation Name

PENTECOSTAL ASSEMBLY OF CHRIST, INC.

Principal Place of Business	Mailing Address
C/O FRANK STALLWORTH JR. RT. 1 BOX 526 CHATTAHOOCHEE FL 32324-9703	C/O FRANK STALLWORTH JR. RT. 1 BOX 526 CHATTAHOOCHEE FL 32324-9703

DO NOT WRITE IN THIS SPACE

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-02/06/95--01015--001
*****68.75

3. Date Incorporated or Qualified: 05/16/1989
3a. Date of This Report: 04/04/1994

4. FEI Number: 57-0931839 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Pentecostal Assembly of Christ Inc.
Suite, Apt. #, etc.
22 Lower bridge Rd.
City & State
23 Crawfordville, FL
Zip 24 32327 Country 25 Wakulla

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STALLWORTH, FRANK JR.
RT. 1 BOX 526
CHATTAHOOCHEE FL 32324

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STALLWORTH, FRANK JR.	1.2 NAME	700001387517
STREET ADDRESS	RT. 1 BOX 526	1.3 STREET ADDRESS	-02/06/95--01015--002
CITY-ST-ZIP	CHATTAHOOCHEE FL	1.4 CITY-ST-ZIP	******1.25 ******1.25
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, BETTY	2.2 NAME	
STREET ADDRESS	RT. 1 BOX 129	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	REED, WILTON	3.2 NAME	
STREET ADDRESS	PO BOX 352 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARVIN	4.2 NAME	
STREET ADDRESS	PO BOX 384 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank Stallworth Jr. 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027045