

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N32336 (2)**

1. Corporation Name

**PENTECOSTAL ASSEMBLY OF CHRIST, INC.**

Principal Place of Business

Mailing Address

**PENTECOSTAL ASSEMBLY OF CHRIST, INC.  
LOWERBRIDGE ROAD  
CRAWFORDVILLE FL 32327**

**% FRANK STALLWORTH JR.  
RT. 1 BOX 526  
CHATTAHOOCHEE FL 32324-9703**



**400001728944**  
-03/01/96--01022--004

3. Date Incorporated on **05/16/1989** Date of Report **02/06/1995**

4. FEI Number **57-0931839** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD STALLWORTH, FRANK JR.**  
STREET ADDRESS **RT. 1 BOX 526**  
CITY-ST-ZIP **CHATTAHOOCHEE FL**

TITLE ☐ DELETE  
NAME **SD GREEN, BETTY**  
STREET ADDRESS **RT. 1 BOX 129**  
CITY-ST-ZIP **SOPCHOPPY FL**

TITLE ☐ DELETE  
NAME **TD REED, WILTON**  
STREET ADDRESS **PO BOX 352** N/A  
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE ☐ DELETE  
NAME **D WHITE, MARVIN**  
STREET ADDRESS **PO BOX 384** N/A  
CITY-ST-ZIP **SOPCHOPPY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **200001730272**  
1.4 CITY-ST-ZIP **-03/01/96--01022--004**  
**\*\*\*61.25**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **P.O. Box 684**  
2.4 CITY-ST-ZIP **Crawfordville FL 32326-0684**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-96**

Date

Daytime Phone #

CR2E037 (12/95)