## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

PENTECOSTAL ASSEMBLY OF CHRIST, INC.

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98 MAY -1 PM 3: 19

SECTION OF STATE TAILANDER PLORIDA

Principal Place of Business Mailing Address					T CONTROL OF TAKEN THE STATE OF	1811 B181  B18   B48   B3811   B81	
PENTECOSTAL ASSEMBLY OF CHRIST. INC. % FRANK STALLWORTH JR. LOWERBRIDGE ROAD RT. 1 BOX 526 CRAWFORDVILLE FL 32327 CHATTAHOOCHEE FL 32324-			-		3. Date Incorporated or Qualified 05/16/1989		
OTHER CRIDE	LE TE SESET	ONATIANOUGHEE FE 32	324-8703		4. FEI Number	Applied For	
					57-093 1839	Not Applicable	
2. Principal P	Place of Business	2s. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	·		6. Election Campaign Financing	\$5.00 May Be	
22		27			Trust Fund Contribution	Added to Fees	
City & Stat	e	City & State			7. Is this nonprofit corporation a homeowne		
Zip	Country Zip Country		ntry	8. This corporation owes or has paid the current year Intangible			
24	25	29	30			L Yes	
	9. Name and Address of Currer	nt Hegistered Agent		81 Name	10. Name and Address of New Registered	Agent	
OTALLU	MOTH EDANIK ID						
STALLWORTH, FRANK JR. RT. 1 BOX 526 CHATTAHOOCHEE FL 32324				82 Street A	Address (P.O. Box Number is Not Acceptable)		
			}	83			
O TATAL	WIOCOLLE I E CECET						
				B4 City	FL	85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the ab authorized lorida Statu	ove-named by the corp ites.	corporation submits this statement for the purpose coration's board of directors. I hereby accept the app	of changing its registered pointment as registered	
SIGNATURE							
40	Signature, typed or printed name of registered age			Agent signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
12. TITLE	OFFICERS AN	DELETE	13. 1.1 TIT	F	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	· -					The second of th	
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STREET ADORESS	STALLWORTH, FRANK JR. RT. 1 BOX 528		1.2 NA 1.3 STE				
STREET ADDRESS City-St-Zip	RT. 1 BOX 526		1.3 STF	EET ADDRESS	700002508	13976 8	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.3 STF	EET ADDRESS Y-ST-ZIP		<u> </u>	
CITY-ST-ZIP	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY	☐ DELETE	1.3 STF 1.4 CIT	EET ADDRESS Y-ST-ZIP .E	700002508 -05/04/981 *****61,25	<u> </u>	
City-St-Zip Title	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648	_	1.3 STF 1.4 CIT 2.1 TITI 2.2 NA	EET ADDRESS Y-ST-ZIP .E		<u> </u>	
City-St-Zip Title Name	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648 CRAWFORDVILLE FL 32326-0	0684	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2. 4 CIT	EET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP		CARRAGE Dedition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648 CRAWFORDVILLE FL 32326-0	_	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI	Y-ST-ZIP LE ME LEFT ADDRESS LY-ST-ZIP LEFT ADDRESS LY-ST-ZIP LE		<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648 CRAWFORDVILLE FL 32326-0 TD REED, WILTON	0684	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	EET ADDRESS Y-ST-ZIP  E ME HEET ADDRESS Y-ST-ZIP  E A ME		CARRAGE Dedition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648 CRAWFORDVILLE FL 32326-0 TD REED, WILTON PO BOX 352 CRAWFORDVILLE FL D WHITE, MARVIN	DELETE  N/A  DELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI	REET ADDRESS Y-ST-ZIP  ME HEET ADDRESS Y-ST-ZIP  LE ME HEET ADDRESS Y-ST-ZIP  LE HEET ADDRESS Y-ST-ZIP  LE HEET ADDRESS		Change Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648 CRAWFORDVILLE FL 32326-0 TD REED, WILTON PO BOX 352 CRAWFORDVILLE FL D WHITE, MARVIN PO BOX 384	N/A  DELETE  DELETE  N/A	1.3 STF 1.4 CIT 2.1 TITU 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAI 3.3 STF 4.1 TITU 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITU 5.2 NAI 5.3 STF	HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS	-05/04/381 *****61.25	Change Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT. 1 BOX 528 CHATTAHOOCHEE FL SD GREEN, BETTY P.O. BOX 648 CRAWFORDVILLE FL 32326-0 TD REED, WILTON PO BOX 352 CRAWFORDVILLE FL D WHITE, MARVIN PO BOX 384	N/A  DELETE  N/A  DELETE  DELETE	1.3 STF 1.4 CIT 2.1 TITU 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAI 3.3 STF 4.1 TITU 4.2 NAI 4.3 STF 4.4 CIT 5.3 TITU 5.3 STF 5.3 STF 5.4 CIT	EET ADDRESS Y-ST-ZIP EET ADDRESS	-05/04/381 *****61.25	Change Addition  Change Addition	

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.

Bank

05/1/98