

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33223 (1)
1. Corporation Name
**THE PENTACOSTAL CHURCH OF JESUS CHRIST IN THE AP
OSTOLIC DOCTRINE, INC.**

Principal Place of Business C/O SHELLY S. ROBINSON 1939 FLAGLER STREET QUINCY FL 32351	Mailing Address C/O SHELLY S. ROBINSON 1939 FLAGLER STREET QUINCY FL 32351
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3. Date Incorporated or Qualified 07/11/1989	Applied For Not Applicable
4. FEI Number 59-2959013	

2. Principal Place of Business 21 Mt. Hosey Church Rd. Suite, Apt. #, etc. 22 Robertsville Community City & State 23 Quincy, FLA. Zip 24 32351	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**GREEN, PATRICIA S
ROUTE 5 BOX 104
QUINCY FL 32351**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBINSON, SHELLY S
STREET ADDRESS	1939 FLAGLER ST
CITY-ST-ZIP	QUINCY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREEN, PATRICIA S
STREET ADDRESS	RT 5 BOX 104
CITY-ST-ZIP	QUINCY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, IDA BELL
STREET ADDRESS	314 SOUTH SHADOW ST.
CITY-ST-ZIP	QUINCY FL 32351
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, CARL J
STREET ADDRESS	314 SOUTH SHADOW ST
CITY-ST-ZIP	QUINCY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Shelly S. Robinson Shelly S Robinson 3-20-98-850-627-7681

CR2E037 (10/97)