

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # N33533 (3)
1. Corporation Name
UNITED PENTECOSTAL CHURCH, INC. OF ST. LUCIE COUNTY



Principal Place of Business
655 NW SALEM TERR.
#655
PT. ST. LUCIE FL 34983
US

Mailing Address
733 SW HOGAN ST.
PT. ST. LUCIE FL 34983
US

3. Date Incorporated or Qualified
08/03/1989

3a. Date of Last Report
04/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2469307	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOTTHAUS, FREDERICK
733 SW HOGAN ST.
PT. ST. LUCIE FL 34983

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN REEVES	
STREET ADDRESS	1119 S W ITHACA STREET	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONN ORCUTT	
STREET ADDRESS	357 S E VERADA AVEUE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTTHAUS, FREDERICK	
STREET ADDRESS	733 SW HOGAN ST.	
CITY-ST-ZIP	PT. ST. LUCIE 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DON TURNER	
1.3 STREET ADDRESS	4004 GREEN WOOD DR	
1.4 CITY-ST-ZIP	FT. PIERCE FL 34982	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BYRON JAMES	
4.3 STREET ADDRESS	486 S.E. CROSS POINT DR	
4.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DON WOOD	
5.3 STREET ADDRESS	8417 SW ANGUS AVE	
5.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983	
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 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:

Rev. Fred Kotthaus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Fred Kotthaus

4/8/96

407-340-5810

Date

Daytime Phone

CR2E037 (12/95)