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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N33533 (3)

1. Corporation Name

UNITED PENTECOSTAL CHURCH, INC. OF ST. LUCIE COU NTY

Principal Place of Business	Mailing Address
655 NW SALEM TERR. #655 PT. ST. LUCIE FL 34983 US	733 SW HOGAN ST. PT. ST. LUCIE FL 34983-8769 US

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2469307 ☐ 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

9. Name and Address of Current Registered Agent

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

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 _____ 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, DON		1.2 NAME	
STREET ADDRESS	4004 GREEN WOOD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONN ORCUTT		2.2 NAME	
STREET ADDRESS	357 S E VERADA AVEUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOTTHAUS, FREDERICK		3.2 NAME	
STREET ADDRESS	733 SW HOGAN ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, BYRON		4.2 NAME	
STREET ADDRESS	486 SE CROSS POINT DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUICE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, DON		5.2 NAME	
STREET ADDRESS	2417 SW ANGUS AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: [signature] REQUIRED Frederick Kotthaus 1/13/97 561-340-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071583