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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT #

N33533

1. Corporation Name
United Pentecostal Church Inc. of St. Lucie County
The Apostolic Pentecostal Tabernacle, Inc.
of St. Lucie County
NC 2-18-98

Principal Place of Business Mailing Address
650 N. W. Airoso Blvd. P. O. Box 7145
Pt. St. Lucie, Fla. Pt. St. Lucie, Fl.
34983 34985-7145

Amend

3. Date Incorporated or Qualified
2/18/98

4. FEI Number
59-2469307

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 28 Zip 25 Country 30 Country

9. Name and Address of Current Registered Agent

Rev. George H. Jackson
1657 S. E. Floresta Drive
Pt. St. Lucie, Fla. 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 *[Signature]* 4/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. George H. Jackson	1.2 NAME	
STREET ADDRESS	1657 S.E. Floresta Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pt. St. Lucie, Fla. 34983	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don T. Turner II	2.2 NAME	
STREET ADDRESS	4004 Greenwood Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Pierce, FL 34982	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byron James	3.2 NAME	
STREET ADDRESS	486 S.E. Crosspoint Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34983	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Wood	4.2 NAME	D/S Sarah McKenzie
STREET ADDRESS	2417 SW Angus Avenue	4.3 STREET ADDRESS	1194 N.W. Lombardy Drive
CITY-ST-ZIP	Port St. Lucie, FL 34982	4.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002500022
STREET ADDRESS		6.3 STREET ADDRESS	-04/24/98-01091-007
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/98

1-561-343-9519

CR2E037 (10/97)