

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
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99 JAN -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 6 1999

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

DOCUMENT # N33533
1. Corporation Name
The Apostolic Pentecostal Tabernacle
of St Lucie Co Inc.

Principal Place of Business Mailing Address
650 N.W. Airoso P.O. Box 7145
Port St Lucie Port St Lucie
FL 34983 FL 34985

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
24 Country	29 Country

3. Date Incorporated or Qualified	
4. FEI Number 59-2469307	Applied For Not Applicable
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 George Jackson 1657 SE Floresta Dr. Port St Lucie, FL 34983	10. Name and Address of New Registered Agent 81 Name James E. Turner 82 Street Address (P.O. Box Number is Not Acceptable) 314 Camelot 83 84 City Port St Lucie FL 85 Zip Code 34983
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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 JAMES E. C. TURNER 10/12/98
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 NAME STREET ADDRESS CITY - ST - ZIP Pastor - Director George Jackson 1657 SE Floresta Dr. Port St Lucie, FL 34983 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP Pastor - Director James Turner 314 Camelot Port St Lucie, FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice Director Don Turner II 4004 Greenwood Dr Ft Pierce, FL 34982 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP 000002738270-4 -01/12/99-01069-004 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP S. Directors Byron James 484 SE Crosspoint Dr. Port St Lucie, FL 34983 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP 000002738270-4 -01/12/99-01069-004 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: JAMES E. C. TURNER 10/12/98 561-340-7554
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)