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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36399**

1. Corporation Name

**PENTECOSTAL FAITH OF JESUS CHRIST, INC.**

Principal Place of Business

2421 AVE E  
RIVIERA BEACH FL 33404

Mailing Address

P.O. BOX 10871  
RIVIERA BEACH FL 33404



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/01/1990

4. FEI Number

APPLIED FOR 65-0134879

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

9. Name and Address of Current Registered Agent

LORICK, ANDERSON SR  
1590 W. 37TH STREET  
RIVIERA BEACH FL 33404

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME LORICK, ANDERSON D SR  
STREET ADDRESS 1590 W. 37TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D  
NAME LORICK, WILLIE H SR  
STREET ADDRESS 1101 AVE T  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE S  
NAME LORICK, MABLE L  
STREET ADDRESS 1101 AVE T  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE T  
NAME CORVILLE, VANNETT  
STREET ADDRESS 3373 SUMMERS STREET  
CITY-ST-ZIP LAKE WORTH FL 33495

TITLE D  
NAME HAYWOOD, ALICE  
STREET ADDRESS 1901 W. 37TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D  
NAME HAYWOOD, JOHNNY  
STREET ADDRESS 1901 W. 37TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

(561) 841-8863

Daytime Phone #

CR2E037 (11/98)