

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39694 (7)
1. Corporation Name
EAST NAPLES PENTECOSTAL CHURCH OF GOD, INC.



Principal Place of Business Mailing Address
4991 E TAMiami TRAIL
NAPLES FL 33962 4991 E TAMiami TRAIL
NAPLES FL 33962

3. Date Incorporated or Qualified 08/13/1990
3a. Date of Last Report 04/18/1995
4. FEI Number 65-0246114
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 26 Country
27 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

BEVINS, HUBERT
4315 BAYSHORE DR
NAPLES FL 33962

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

TITLE D ☐ DELETE
NAME BEVINS, DWIGHT REV
STREET ADDRESS 4315 BAYSHORE DR
CITY-ST-ZIP NAPLES FL
TITLE D ☒ DELETE
NAME LASHLEY, J B JR
STREET ADDRESS POST OFFICE BOX 8841 N/A
CITY-ST-ZIP NAPLES FL
TITLE D ☒ DELETE
NAME GEE, CHARLES
STREET ADDRESS 3361 18TH AVE NORTH
CITY-ST-ZIP NAPLES FL
TITLE D ☐ DELETE
NAME BEVINS, HUBERT
STREET ADDRESS 4315 BAYSHORE DR
CITY-ST-ZIP NAPLES FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME JERRY BRISENTINE
1.3 STREET ADDRESS 2807 HOLLY AVE.
1.4 CITY-ST-ZIP NAPLES, FL 33962
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 400001779444
6.3 STREET ADDRESS -04/15/96--01021--032
6.4 CITY-ST-ZIP ***70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUBERT BEVINS 3-14-96 941-774-0010
Date Daytime Phone #

CR2E037 (12/95)