


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42039 (0)

1. Corporation Name
THE PENTECOSTAL HOLINESS CHURCH OF HOMESTEAD, IN C.



Principal Place of Business 22320 SW 114TH AVE GOULDS FL 33170	Mailing Address 22320 SW 114TH AVE GOULDS FL 33170-4746
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/08/1991	3a. Date of Last Report 02/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0248664	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALTON, CORNELIA 22320 SW 114TH AVE GOULDS FL 33170		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALTON, CHARLIE BISHOP	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22320 SW 114TH AVE	12. NAME	
STREET ADDRESS	GOULDS FL	13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	SD MCCARTNEY, EDNA	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11790 SW 213 ST	22. NAME	
STREET ADDRESS	MIAMI FL	23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	TD WALTON, CORNELIA	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22320 SW 114TH AVE	32. NAME	
STREET ADDRESS	GOULDS FL	33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	D SMITH, JOE LEE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	750 NW 114 ST	42. NAME	
STREET ADDRESS	FLORIDA CITY FL	43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	D SPRATT, MARIE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SW 103RD AVE	52. NAME	
STREET ADDRESS	MIAMI FL	53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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: *Charlie Bishop*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BISHOP CHARLIE WALTON** Date: **3/10/97** (305) 233-2016
Daytime Phone # 0032481

CR2E037 (9/96)