## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**Corporation Name

N42039

(0)

FILED
Apr 06 1998 8:00am
Secretary of State

THE PENTECOSTAL HOLINESS CHURCH OF HOMESTEAD, IN C.						
Principal Plac	e of Business	Mailing Address			i sanskiel die diele liebt deine farie 1011 glief einen dien dien diest diest beer	
22320 SW 114TH AVE 22320 SW 114TH AVE GOULDS FL 33170 GOULDS FL 33170					3. Date Incorporated or Qualified  02/08/1991  4. FEI Number  Applied For	
2. Principal P	lece of Business	2a. Mailing Address			65-0248664 Not Applicable  5. Certificate of Status Desired See Required  Fee Required	
22 Suite, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
City & Stat	<del>9</del>	City & State			7. Is this nonprofit corporation a homeowners association?  Yes \( \subseteq \text{No} \)	
Zip 24	Country 25		Country 10		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No	
<u></u>	9. Name and Address of Curren	t Registered Agent	81	Mana	10. Name and Address of New Registered Agent	
			81	Name	•	
WALTON, CORNELIA				Street A	Address (P.O. Box Number is Not Acceptable)	
	W 114TH AVE 5 FL 33170		83			
GOOLDS	FE 33170					
			84	City	FL 85 Zip Code	
11. Pursuant office or ragent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 617.0503, Flori	thorized by ida Statutes	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered age		Registered Age	nt signature r	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OFFICERS AND	DELETE	1.1 TITLE		Change Addition	
NAME	WALTON, CHARLIE BISHOP		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	GOULDS FL		1.4 CITY - ST - ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	MCCARTNEY, EDNA		2.2 NAME			
STREET ADDRESS	11145 511 511		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE		L Change L Addition	
NAME	WALTON, CORNELIA		3.2 NAMÉ			
STREET ADDRESS	22320 SW 114TH AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	GOULDS FL D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME	SMITH, JOE LEE	<u> </u>	4. 2 NAME			
STREET ADDRESS	750 NW 114 ST		4.3 STREET	ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		4.4 CITY-S	- 1		
TITLE	D	DELETE	5.1 TITLE		Change Addition	
HAME	SPRATT, MARIE		5.2 NAME			
STREET ADDRESS	SW 103RD AVE		5.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY_ST. 7IP	I		64 CITY_S	T. 7ID	1	

11. 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. 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:

april 1-19-98