SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N42921

(9)

APOSTOLIC PENTECOSTAL CHURCH OF WAUCHULA, INC. Principal Place of Business Malling Address 118 W. CARLTON STREET P.O. BOX 2033 3. Date Incorporated or Qualified WAUCHULA FL 33873 WAUCHULA FL 33873-2033 04/11/1991 4. FEI Number Applied For 65-0260155 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 3059 Elm Street 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Zolfo Springs, Florida 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 33890 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORD, MATTHEW J 82 Street Address (P.O. Box Number is Not Acceptable) 1132 DOWNING CIRCLE 83 WAUCHULA FL 33873 84 Clty 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (2/88) (2/88) TITLE 1.1 TITLE DELETE Change Addition FORD, MATTHEW J NAME 1.2 NAME 1132 DOWNING CIRCLE STREET ADDRESS 1.3 STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE NAME MAYNARD, KATHRYN 2.2 NAME STREET ADDRESS 1138 DOWNING CIRCLE 2.3 STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME SHOPTAW, SALLY 3.2 NAME 1144 DOWNING CIRCLE STREET ADDRESS 3.3 STREET ADDRESS Waüchula FL 33873 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME RIGNEY, GEORGIA 4.2 NAME Rigney, Georgia 114 N. POLK AVE STREET ADDRESS 4.3 STREET ADDRESS 1203 N.E. Hickory CITY-ST-ZIP arcadia FL 34266 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change X Addition NAME 52 NAME Arnold Staton STREET ADDRESS 5.3 STREET ADDRESS 205 N.E. Park Drive CITY-ST-ZIP 6.4 CITY-ST-ZIP Wauchula, F1, 33873 TITLE 6.1 TITLE OELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-Z#P 6.4 CITY-ST-ZIP 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 outh; that I am an officer or director of the carporation on the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

July 7,1998

941-767-1759

Davime Phone #

FILED

Jul 16 1998 8:00am *

Secretary of State