**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT
**1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR -9 AM 9:09**

DOCUMENT # N45275 (7)

1. Corporation Name
PENTACOSTAL BELIVERS OF THE COMING OF CHRIST INC

| Principal Place of Business | Mailing Address |
|---|---|
| 2614 NORTH HILL STREET<br>FORT WHITE FL 32038 | P O BOX 14<br>FORT WHITE FL 32038<br>US |

Fort White Fla.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 03/07/1994
4. FEI Number: 43-6061673 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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 | 26 P.O. Box 14 |
| Suite, Apt. #, etc. 22 Fort White | Suite, Apt. #, etc. 27 |
| City & State 23 Fla. | City & State 28 Fort White Fla. |
| Zip 24 32038 Country 25 Columbia | Zip 29 32038 Country 30 Columbia |

9. Name and Address of Current Registered Agent

BRYANT, ROSA LEE
1625 WEST JORDAN STREET
FORT WHITE FL 32038

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Rosa Lee Bryant 3-3-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BRYANT, ROSA LEE | 1.2 NAME | |
| STREET ADDRESS | 1625 WEST JORDAN STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT WHITE FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BRYANT, JOHNNY B. | 2.2 NAME | |
| STREET ADDRESS | P.O. BOX 14 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT WHITE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | EDWARDS, SHIRLEY | 3.2 NAME | |
| STREET ADDRESS | P.O. BOX 685 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT WHITE FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BYRD, YOLANDA | 4.2 NAME | |
| STREET ADDRESS | P.O. BOX 7 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT WHITE FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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:** X Rosa Lee Bryant 3-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021P10