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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N45275** **(7)**

1. Corporation Name

PENTACOSTAL BELIVERS OF THE COMING OF CHRIST INC

Principal Place of Business	Mailing Address
2614 NORTH HILL STREET FORT WHITE FL 32038	P O BOX 14 FORT WHITE FL 32038 US

3. Date Incorporated or Qualified: 09/23/1991

4. FEI Number: 43-6061673 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2614 North Hill St. Fort White Fla. 32038	2a. Mailing Address 26 P.O. BOX 14 Fort White Fla. 32038
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort White Fla.	City & State 28 Fort White Fla.
Zip 24 32038 Country 25 USA	Zip 29 32038 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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

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 617.1506, 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 Rosa Lee Bryant PD (NOTE: Registered Agent signature required when reinstating) Rosa Lee Bryant DATE 2-8-98

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, IRENE		3.2 NAME		
STREET ADDRESS	P.O. BOX 14 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WHITE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Rosa Lee Bryant 2-8-98