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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 24 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45275**

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

21 Principal Place of Business: 2614 North hill St fort white fla 32038	26a. Mailing Address: P.O Box 14, fort white 32038	3. Date Incorporated or Qualified: 09/23/1991	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 43-6061673	☐ Applied For ☑ Not Applicable
23 City & State: fort white fla.	28 City & State: fort White fla	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
24 Zip: 32038 25 Country: USA	29 Zip: 32038 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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

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 Rosa Lee Bryant PD — Rosalee Bryant — DATE 2-19-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BRYANT, ROSA LEE	
STREET ADDRESS	1625 WEST JORDAN STREET	
CITY-ST-ZIP	FORT WHITE FL	
TITLE	TD	☐ DELETE
NAME	BRYANT, JOHNNY B.	
STREET ADDRESS	P.O. BOX 14 N/A	
CITY-ST-ZIP	FORT WHITE FL	
TITLE	VD	☐ DELETE
NAME	ROBINSON, IRENE	
STREET ADDRESS	P.O. BOX 14 N/A	
CITY-ST-ZIP	FORT WHITE FL	
TITLE	SD	☐ DELETE
NAME	BYRD, YOLANDA	
STREET ADDRESS	P.O. BOX 7 N/A	
CITY-ST-ZIP	FORT WHITE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	000003162190---7	
2.3 STREET ADDRESS	-03/08/00--01057--001	
2.4 CITY-ST-ZIP	*****70.00 *****70.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change SP ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGN: Rosa Lee Bryant — Rosa Lee Bryant — 1-26-99 — (904) 497-44

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #