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FILED

May 12 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 # N93000001695 (6)

1. Corporation Name

PLACE OF DELIVERENCE PENTECOSTAL CHURCH OF POMPA
NO BEACH INC.

Principal Place of Business

Mailing Address

900 NW 3RD AVENUE
POMPANO BEACH FL 33060
US

1700 NW 1ST WAY
POMPANO BEACH FL 33060
US



3. Date Incorporated or Qualified

04/15/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Fla. 33060 U.S.

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

10. Name and Address of New Registered Agent

EDWARDS, JOHN W
1700 N.W. 1ST WAY
POMPANO BEACH FL 33060

81 Name

John W. Edwards

82 Street Address (P.O. Box Number is Not Acceptable)

1781 North Powerline Road

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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 *John Edwards*

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 ☐ DELETE

NAME EDWARDS, JOHN W
STREET ADDRESS 1700 NW 1ST WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME EDWARDS, MARILYN S
STREET ADDRESS 1700 NW 1ST WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME EDWARDS, CARMILIA Z
STREET ADDRESS 1700 NW 1ST WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME EDWARDS, CORDELL T
STREET ADDRESS 1700 NW 1ST WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME EDWARDS, JONNETTA J
STREET ADDRESS 1700 NW 1ST WAY
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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: *John Edwards*

CR2E037 (10/97)