FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



DOCUMENT # 1. Corporation Name N94

FILING F	EE IS \$61.25	- FILED		
	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Feb 03 1998 8:00am Secretary of State		
00000097 (5)				
INTERDEN	OMINATIONAL CHURC	I laguage oto forie state otoxi ogati ogati botik botik otoxi gobil objek objek objek objek sedil sedil sedil		

PAUL STREET FELLOWSHIP INTERDENOMINATIONAL CHURC H, INC.						
Principal Place of Business Mailing Address						
100 PAUL STR PENSACOLA F US		FRANCES WATSON 1312 POPPY AVENUE PENSACOLA FL 32507 US		3. Date Incorporated or Qualified 01/07/1994 4. FEI Number Applied For 59-3230444 Not Applicable		
21 100	Paul 5+Reet	2a. Mailing Address 26 3 2 Popp	'u	5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
City & Stat	6. 1. F/a	City & State		7. Is this nonprofit corporation a homeowners association?		
Zip 24 32 5	Country ESC.	Zip	Country 0 ESC	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 200	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent		
1312 PC PENSAC	N, FRANCES DPPY AVENUE COLA FL 32507		82 Street Add 83 84 City	Jancys Watton Jess (P.S. Box Number is Not Acceptable) Poffy airth FL 85 Zip Code 32507		
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	t and little If applicable. (NOTE: I	Registered Agent signature requ	So Jun 12,978 ulred when reinstating) OATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	Otatson Patrick IX Change Addition		
NAME	PATE, WILLIAM		1.2 NAME	Vatson ratrick		
STREET ADDRESS	100 PAUL STREET		1.3 STREET ADDRESS	312 Poppy ave. ensacola FL 32507		
CITY-ST-ZIP	PENSACOLA FL 32505	Loranne				
TITLE	STD DATE EDANGES	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	PATE, FRANCES 100 PAUL STREET		2.2 NAME			
STREET ADDRESS	PENSACOLA FL 32505		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition		
NAME	PAYNE, ALICE F.		3,2 NAME			
STREET ADDRESS	3212 PARAZINE AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME	WATSON, FRANCES		4. 2 NAME			
STREET ADDRESS	1312 POPPY AVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME	BUTLER, PAMELA		5.2 NAME			
STREET ADDRESS	104 CITRUS STREET		5.3 STREET ADDRESS	·		
CITY-ST-ZIP	PENSACOLA FL 32505		5.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME	varnadares, laura a		6.2 NAME			
STREET ADDRESS	3212 PARAZINE AVENUE		6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL	··· <u> </u>	6.4 CITY - ST~ZIP			
14. I hereby o	certify that the information supplied with	h this filing does not qualify for t	he 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 at 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.