

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N94000002434**

1. Corporation Name

FREE PENTECOST CHURCH OF JESUS OF DELAND, INC.

Principal Place of Business

96 CALVIN ST
DELAND FL 32720
US

Mailing Address

487 W BERESFORD RD
DELAND FL 32720
US

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 008 ****70.00

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2. Principal Place of Business

2a. Mailing Address

21 **487 W. Beresford Rd.**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Deland FL**

28 **FL**

Zip Country

Zip Country

24 **32720**

25

29

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3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

59-3127575

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, OBADIAH
487 W BERESFORD ROAD
DELAND FL 32720

81 Name

SAME

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 617.1508, 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 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 **D** ☐ DELETE
NAME **HENRY, LEROY**
STREET ADDRESS **%487 W BERESFORD ROAD**
CITY-ST-ZIP **DELAND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **HENRY, OBADIAH**
STREET ADDRESS **%487 W BERESFORD ROAD**
CITY-ST-ZIP **DELAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **HENRY, ZACHARIAH**
STREET ADDRESS **%487 W BERESFORD ROAD**
CITY-ST-ZIP **DELAND FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **(T) Henry, Zachariah**
3.3 STREET ADDRESS **1166 St. Adelle**
3.4 CITY-ST-ZIP **DELAND FL**

TITLE **T** ☐ DELETE
NAME **SIMS, ROBERT**
STREET ADDRESS **707 LIBSON PKWY**
CITY-ST-ZIP **DELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

(904) 738-5934

Date

Daytime Phone #

CR2E037 (5/99)