FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002653 (3)**

1. Corporation Name
MERRITT ISLAND UNITED PENTECOSTAL CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
173 AMERICANA BLVD. N.W. PALM BAY FL 32907	POST OFFICE 541670 MERRITT ISLAND FL

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3243116 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 355 W. NORA AVE.	26 P.O. BOX 541670
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MERRITT ISLAND, FL	28 City & State: MERRITT ISLAND, FL
24 Zip: 32952 25 Country: USA	29 Zip: 32954 30 Country: 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, JOHN L REV.
173 AMERICANA BLVD. N.W.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: REV. JOHN L. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 355 W. NORA AVE.
83
84 City: MERRITT ISLAND FL 85 Zip Code: 32952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John L. Johnson JOHN L. JOHNSON 01/17/95
(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	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	JOHNSON, JOHN L REV.	1.2 NAME	JOHNSON, JOHN L. REV.
STREET ADDRESS	173 AMERICANA BLVD. N.W.	1.3 STREET ADDRESS	355 W. NORA AVE.
CITY-ST-ZIP	PALM BAY FL 32907	1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, J E REV.	2.2 NAME	
STREET ADDRESS	2504 REED AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, GEORGE F II .	3.2 NAME	
STREET ADDRESS	118 N. LAKEVIEW AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

407-453 0002

SIGNATURE: John L. Johnson JOHN L. JOHNSON 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075047