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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90021 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004443**

1. Corporation Name  
**JESUS OF NAZARETH HOLY TABERNACLE PENTECOSTAL CHURCH, INC.**

Principal Place of Business: 2601 N. HAYNES ST. PENSACOLA FL 32501  
 Mailing Address: 2601 N. HAYNES ST. PENSACOLA FL 32501



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/13/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

**DAWSON, DAISY B**  
**1101 NORTH WEBSTER DR**  
**PENSACOLA FL 32505**

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

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIDEON, JESSIE	
STREET ADDRESS	3807 KELLY AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, HAROLD L	
STREET ADDRESS	8541 MACK STREET	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, BARBARA A	
STREET ADDRESS	8541 MACK STREET	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DAWSON, DAISY B</b>
4.3 STREET ADDRESS	<b>1101 NORTH WEBSTER DR</b>
4.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MARY BENE TILMAN</b>
5.3 STREET ADDRESS	<b>3807 KELLY AVE</b>
5.4 CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>T/D MINNIE DEES</b>
6.3 STREET ADDRESS	<b>2800 NORTH 9TH AVE</b>
6.4 CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>

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. 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: Daisy Dawson SIGNATURE REQUIRED: B. DAWSON 2-3-99 850-455-5934  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)