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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000004766 (1)

1. Corporation Name

THE FIRST APOSTOLIC ASSEMBLY OF PAHOKEE, INC.

Principal Place of Business	Mailing Address
477 SOUTH BARFIELD HIGHWAY PAHOKEE FL 33476	C/O BISHOP EDWARD A. HARRIS 430 NORTH COCOANUT ROAD PAHOKEE FL 33476-2502

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report: 06/03/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0581708 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRIS, EDWARD A BISHOP
430 NORTH COCOANUT ROAD
PAHOKEE FL 33476

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 Harris, Edward A Bishop Edward A Harris Bishop 01/07/97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, EDWARD A		1.2 NAME	
STREET ADDRESS	430 N COCONUT RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, MESHACH B		2.2 NAME	
STREET ADDRESS	436 SAGO COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476		2.4 CITY-ST-ZIP	
TITLE	ASD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, SARAH R		3.2 NAME	
STREET ADDRESS	430 N COCONUT RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARR, VALRIE M		4.2 NAME	
STREET ADDRESS	781 PALM BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476		4.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	JONES, LINDA M		5.2 NAME	SD Jones, Linda M.
STREET ADDRESS	715 MOBILE HOME PARK LOT 222		5.3 STREET ADDRESS	430 N. Cocoanut Rd.
CITY-ST-ZIP	BELLE GLADE FL 33430		5.4 CITY-ST-ZIP	~~Pahokee, Fla. 33476~~
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BONNER, ANTHONY		6.2 NAME	
STREET ADDRESS	509 WEST EPASO AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Meshach B Harris Harris, Meshach B. 1-7-97 561-924-3081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044493