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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 09/28/1994

4. FEI Number: 65-0581708 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 BISHOP Edward A. Harris Bishop Edward A Harris. 2-4-98
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	
STREET ADDRESS	430 N COCOANUT RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL		5.4 CITY-ST-ZIP	
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	

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. Linda M Jones

SIGNATURE: [illegible] 2/4/98 561-924-3081

CR2E037 (10/97)