

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004663 (9)

1. Corporation Name

PENTECOSTAL HOUSE OF FAITH MINISTRY OF TITUSVILLE INC.



Principal Place of Business

Mailing Address

**1180 WHISPERING HILLS ROAD
TITUSVILLE FL**

**1180 WHISPERING HILLS ROAD
TITUSVILLE FL**

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 1180 Whispering Hills Rd

26 1180 Whispering Hills Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Titusville, FL

28 Titusville, FL

Zip

Country

Zip

Country

24 32780

25 Br USA

29 32780

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ERNEST M
839 GIBSON ST.
TITUSVILLE FL**

81 Name Brown, Ernest M
82 Street Address (P.O. Box Number is Not Acceptable) 839 Gibson St
83
84 City Titusville FL 85 Zip Code 32780

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]*

(NOTE: Registered Agent signature required when reinstating)

1-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, ERNEST	
STREET ADDRESS	839 GIBSON ST.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, ISABELL	
STREET ADDRESS	839 GIBSON ST.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BROWN, SHOLANDA M	
STREET ADDRESS	839 GIBSON ST.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, EDDIE R	
STREET ADDRESS	1515 BON AIR PL.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, LAURA A	
STREET ADDRESS	839 GIBSON ST.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96
Date

407-269-2755
Daytime Phone #

CR2E037 (12/95)