

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

FILED
May 08, 1999 8:00 am
Secretary of State

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1. Corporation Name

PENTECOSTAL HOUSE OF FAITH MINISTRY OF TITUSVILLE INC.

Principal Place of Business

1180 WHISPERING HILLS ROAD
TITUSVILLE FL 32780
US

Mailing Address

1180 WHISPERING HILLS ROAD
TITUSVILLE FL 32780
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

59-3358530

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

9. Name and Address of Current Registered Agent

BROWN, ERNEST M
839 GIBSON ST.
TITUSVILLE FL 32780

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BROWN, ERNEST
839 GIBSON ST.
TITUSVILLE FL 32780

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BROWN, ISABELL
839 GIBSON ST.
TITUSVILLE FL 32780

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BROWN, SHOLANDA M
839 GIBSON ST.
TITUSVILLE FL 32780

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALBERT, EDDIE R
1515 BON AIR PL.
TITUSVILLE FL 32780

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
HILLERYK, SONYA
2380 FOX HOLLOW DR
TITUSVILLE FL 32796

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DS
Hillery, Sonya
2380 Fox Hollow Dr
Titusville, FL 32796

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)