

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 15 1998 8:00am
 Secretary of State

0011782

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N95000004973 (2)
 1. Corporation Name

OLD TIME PENTECOSTAL CHURCH OF GOD INC.



Principal Place of Business	Mailing Address
81 DEER TRACK WAY CRAWFORDVILLE FL 32327	81 DEER TRACK WAY CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified
 10/16/1995

4. FEI Number 593022282
 APPLIED FOR

Applied For	<input checked="" type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business
 21

2a. Mailing Address
 26 233 DEER TRK WAY

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State
 23

City & State
 28

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip Country
 24 25

Zip Country
 29 30

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

10. Name and Address of New Registered Agent

HICKS, CHARLES E REV
 81 DEER TRACK WAY
 CRAWFORDVILLE FL 32327

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, CHARLES E REV	1.2 NAME	
STREET ADDRESS	81 DEER TRK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, CAROLYN	2.2 NAME	
STREET ADDRESS	233 DEER TRK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, BRANDY	3.2 NAME	
STREET ADDRESS	233 DEER TRK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Charles Hicks 9/9/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)