NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500004973

1. Corporation Name

OLD TIME PENTECOSTAL CHURCH OF GOD INC.

Principal Place of Business
81 DEER TRACK WAY
CRAWFORDVILLE EL 32327

Mailing Address 233 DEER TRK WAY CRAWFORDVILLE FL 32327

FILED Jul 19, 1999 8:00 am Secretary of State

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$\overline{}$	Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/16/1995					
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4.	FEI Number 59-3022282	丁	Applied For	
22	City & State	27	City & State		· . - ·	5.		•	Not Applicable 75 Additional ee Required
23	Zip Country	28	Zip Cou	ntry		6.	Election Campaign Financing Trust Fund Contribution	\$:	5.00 May Be
24 25 29 30 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
81									
HICKS, CHARLES E REV 81 DEER TRACK WAY CRAWFORDVILLE FL 32327			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									
ADDITIONS CHANGES TO DESICERS AND DIRECTORS IN 12									

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) D	ATE	<u> </u>
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE	D DELETE	1.1 TITLE		☐ Change	☐ 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	O □ DELETE	2.1 TITLE		☐ Change	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 DELETE	3.1 TITLE		☐ Change	Addition
NAME	HICKS, BRANDY	3.2 NAME			Ì
STREET ADDRESS	233 DEER TRK WAY	3.3 STREET ADDRESS		•	Ì
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4. CITY-ST-ZIP			
TITLE	□ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			-
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME /	•	6.2 NAME			ĺ
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, with all other like empowered.

SIGNATURE: