

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 # N95000005633 (1)

1. Corporation Name

POWER CATHEDRAL WORSHIP CENTER OF JOHNSON, FLORI
DA, INC.

Principal Place of Business

Mailing Address

312 SOUTH COUNTY ROAD 21
JOHNSON FL 32640

ROUTE 1, BOX 66-E
HAWTHORNE FL 32640



3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3347696

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCSWEENEY, CHARLES W II
ROUTE 1 BOX 66-E
HAWTHORNE FL 32640

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32640

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT ☐ DELETE
NAME CHARLES MCSWEENEY JR.
STREET ADDRESS RT. 1 BOX 66E
CITY-ST-ZIP HAWTHORNE, FL 32640

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D VICE PRESIDENT ☐ DELETE
NAME CHARLES MCSWEENEY III
STREET ADDRESS P O BOX 2125
CITY-ST-ZIP HAWTHORNE, FL 32640

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ADMN. VICE PRESIDENT ☐ DELETE
NAME ARNOLD MAYES
STREET ADDRESS P O BOX 1238
CITY-ST-ZIP HAWTHORNE, FL 32640

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D SECRETARY ☐ DELETE
NAME DONNA MAYES
STREET ADDRESS P O BOX 1238
CITY-ST-ZIP HAWTHORNE, FL 32640

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D TREASURER ☐ DELETE
NAME BETH RUTHERFORD
STREET ADDRESS P O BOX 593
CITY-ST-ZIP HAWTHORNE, FL 32640

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE I ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)