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Feb 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32840

ROUTE 1, BOX 66-E
HAWTHORNE FL 32840-9801



3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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 32840

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCSWEENEY, CHARLES JR	
STREET ADDRESS	RT 1 BOX 66E (220 Ash street)	
CITY - ST - ZIP	HAWTHORNE FL 32840	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCSWEENEY, CHARLES III	
STREET ADDRESS	PO BOX 2125 (130 Parsley Lane)	
CITY - ST - ZIP	HAWTHORNE FL 32840	
TITLE	DAV	<input type="checkbox"/> DELETE
NAME	MAYES, ARNOLD	
STREET ADDRESS	PO BOX 1238 (106 Sunnyside Dr.)	
CITY - ST - ZIP	HAWTHORNE FL 32840	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYES, DONNA	
STREET ADDRESS	PO BOX 1238 (106 Sunnyside Dr.)	
CITY - ST - ZIP	HAWTHORNE FL 32840	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, BETH	
STREET ADDRESS	PO BOX 593 (128 Parsley Ln.)	
CITY - ST - ZIP	HAWTHORNE FL 32840	
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 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 W. Sweeney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97

Date

481-9971

Daytime Phone #0011575

CR2E037 (9/96)