


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90006 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005633

1. Corporation Name

POWER CATHEDRAL WORSHIP CENTER OF JOHNSON, FLORIDA, INC.

Principal Place of Business

312 SOUTH COUNTY ROAD 21
JOHNSON FL 32640

Mailing Address

~~ROUTE 1 BOX 66 E~~ 220 Ash Street
HAWTHORNE FL 32640



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/27/1995
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3347696
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MCSWEENEY, CHARLES W II
~~ROUTE 1 BOX 66 E~~ 220 Ash Street
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
220 Ash Street
83
84 City
Hawthorne
85 Zip Code
FL 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEENEY, CHARLES JR	1.2 NAME	
STREET ADDRESS	220 ASH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWEENEY, CHARLES III	2.2 NAME	
STREET ADDRESS	130 PARSLEY LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, BETH	3.2 NAME	
STREET ADDRESS	128 PARSLEY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	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, with all other like empowered.

SIGNATURE: *Beth Rutherford* **SIGNATURE R BETH RUTHERFORD** 1-14-99 546-4819(352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)