


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90048 033 \*\*\*\*61.25

0045042

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N96000002333**

1. Corporation Name  
**PENTECOSTAL CHURCH OF GOD OF THE PALM BEACHES, I NC.**

Principal Place of Business 107 SE 2ND STREET DELRAY BEACH FL 33445	Mailing Address 310 STERLING AVE DELRAY BEACH FL 33444 US
---	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 05/01/1996	4. FEI Number 31-1479751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
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 <b>BUSBY, ALBERTO F</b> 706 SW 23 AVE. BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
--	---

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 NAME MERVILUS, LOUIS REV. STREET ADDRESS 310 STERLING AVE. CITY-ST-ZIP DELRAY BEACH FL 33444	1.1 TITLE PD 1.2 NAME Mervilus, St Louis Rev. 1.3 STREET ADDRESS 310 Sterling Ave. 1.4 CITY-ST-ZIP Delray Beach FL 33444
TITLE SD NAME BAZARD, REGINE STREET ADDRESS 706 S.E. 4TH AVE CITY-ST-ZIP DELRAY BEACH FL 33483	2.1 TITLE SD 2.2 NAME BAZARD, REGINE 2.3 STREET ADDRESS 706 S.E. 4TH AVE 2.4 CITY-ST-ZIP Delray Beach FL 33483
TITLE TD NAME ROSELAINE, MERVILUS STREET ADDRESS 310 STERLING AVE CITY-ST-ZIP DELRAY BEACH FL 33444	3.1 TITLE TD 3.2 NAME Roselaine Mervilus 3.3 STREET ADDRESS 310 Sterling Ave 3.4 CITY-ST-ZIP Delray Beach FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: ST SIGNATURE MERVILUS 01-27-99 (561) 243-9528  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)