

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002568 (1)

1. Corporation Name
SAINT PAUL PENTECOSTAL CHURCH OF GOD INC.



Principal Place of Business 509 EAST COLUMBUS DRIVE TAMPA FL 33602	Mailing Address 7917 BAHIA AVENUE TAMPA FL 33619
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3. Date Incorporated or Qualified
05/14/1996

4. FEI Number
APPLIED FOR 36-4137089

2. Principal Place of Business
21

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.
22

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State
23

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip
24

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Country
25

9. Name and Address of Current Registered Agent
**CAPERS, LOUTHER
7917 BAHIA AVENUE
TAMPA FL 33619**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CAPERS, LOUTHER
STREET ADDRESS	7917 BAHIA AVE
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input type="checkbox"/> DELETE
NAME	CAPERS, LEMAR
STREET ADDRESS	ROUTE 1-A BOX 74
CITY-ST-ZIP	VARNVILLE SC 22944
TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, LUETTA
STREET ADDRESS	7917 BAHIA AVE
CITY-ST-ZIP	TAMPA FL 33619
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: LOUTHER, URCAPERS, EDD L19-1998

CR2E037 (10/97)