

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90118 042 ****70.00

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DOCUMENT # N97000002548

1. Corporation Name

PENTECOSTAL POWER AND PRAISE WORSHIP CENTER FOR ALL PEOPLE, INC.

204356 - 90118 - 42

Principal Place of Business

C/O PASTOR WILFRED G. RIGBY
3372 NW 194TH ST
CAROL CITY FL 33056
US

Mailing Address

C/O PASTOR WILFRED G. RIGBY
3372 NW 194TH ST
CAROL CITY FL 33056
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

65-0756919

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.

9. Name and Address of Current Registered Agent

WILLIAMS, VERNITA C
9970 NW 51ST LANE
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIGBY, WILFRED G.
STREET ADDRESS 3372 NW 194TH ST
CITY-ST-ZIP CAROL CITY FL 33056

TITLE STD ☐ DELETE

NAME RIGBY, PATSY A
STREET ADDRESS 3372 NW 194TH ST
CITY-ST-ZIP CAROL CITY FL 33056

TITLE VD ☐ DELETE

NAME JOHNSON, BOBBY LEE
STREET ADDRESS 3010 NW 153RD TERR
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE D ☐ DELETE

NAME ROBERTS, ELVECIA O
STREET ADDRESS 1321 NE 210TH TERR
CITY-ST-ZIP MIAMI FL 33179

TITLE D ☐ DELETE

NAME ROBERTS, HEZEKIA O
STREET ADDRESS 1321 NE 210TH TERR
CITY-ST-ZIP MIAMI FL 33179

TITLE D ☐ DELETE

NAME JOHNSON, RANDY
STREET ADDRESS 2070 ALIBABA AVE, #3
CITY-ST-ZIP OPA LOCKA FL 33054

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

WILFRED G. RIGBY

Date

Daytime Phone #

CR2E037 (11/98)