


FILE NOW: FILING FEE IS \$61.25

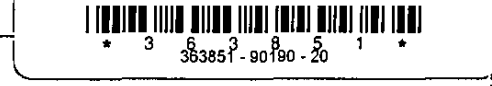
FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90100 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000897
 1. Corporation Name
SECOND PENTECOSTAL CHURCH "CHRIST IS COMING", IN C.

Principal Place of Business 144 S. 20TH ST. HAINES CITY FL 33844	Mailing Address 144 S. 20TH ST. HAINES CITY FL 33844
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 02/13/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Certificate of Status Desired <input type="checkbox"/>		5. \$8.75 Additional Fee Required	
24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent MALAVE, PEDRO A 144 S. 20TH ST. HAINES CITY FL 33844	9. Name and Address of New Registered Agent 51 Name 52 Street Address (P.O. Box Number is Not Acceptable) 53 54 City FL 55 Zip Code
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11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE: *Pedro A. Malave* President 1/11/99
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE President (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALAVE, PEDRO A		1.2 NAME Pedro Malave	
STREET ADDRESS 144 S. 20TH ST.		1.3 STREET ADDRESS 144 S. 20th Street	
CITY-STATE-ZIP HAINES CITY FL 33844		1.4 CITY-STATE-ZIP HAINES CITY, FL 33844	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE Secretary (T)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARRERO, DEBORAH		2.2 NAME Deborah Marrero	
STREET ADDRESS 144 S. 20TH ST.		2.3 STREET ADDRESS 76 Citrus Ridge Ct	
CITY-STATE-ZIP HAINES CITY FL 33844		2.4 CITY-STATE-ZIP HAINES CITY, FL 33844	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, BLANCA		3.2 NAME Blanca Rodriguez (T)	
STREET ADDRESS 144 S. 20TH ST.		3.3 STREET ADDRESS P.O. Box 2756	
CITY-STATE-ZIP HAINES CITY FL 33844		3.4 CITY-STATE-ZIP Davenport, FL 33837	
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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: *Pedro A. Malave* 1/11/99 941-421-4450
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E037 (1/98)