

2000 UNIFORM BUSINESS REPORT (UBR)

2/2:

FILED
Apr 20, 2000 8:00 am
Secretary of State

02-28-2000 90196 015 ****61.25

DOCUMENT # N98000000897

1. Entity Name

SECOND PENTECOSTAL CHURCH "CHRIST IS COMING", IN

Principal Place of Business

Mailing Address

144 S. 20TH ST.
 HAINES CITY FL 33844

144 S. 20TH ST.
 HAINES CITY FL 33844-5404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

144 S. 20th Street
 Suite, Apt. #, etc.

PO Box 3046
 Suite, Apt. #, etc.

City & State

Haines City FL

33844 U.S.

City & State

Haines City FL

33845 U.S.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALAVE, PEDRO A
 144 S. 20TH ST.
 HAINES CITY FL 33844

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALAVE, PEDRO A	
STREET ADDRESS	144 S. 20TH ST.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARRERO, DEBORAH	
STREET ADDRESS	144 S. 20TH ST.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BLANCA	
STREET ADDRESS	405 S. CHIPOLA AVE	
CITY-ST-ZIP	DEVENPORT FL 33836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	St. Marrero, Deborah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	78 Citrus Ridge Ct.	
STREET ADDRESS	Haines City FL 33844	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

2/12/00 (863) 421-4897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

DISTRICT DIRECTOR
 P. O. BOX 2508
 CINCINNATI, OH 45201

Date: AUG 06 1999

SECOND PENTECOSTAL CHURCH CHRIST
 IS COMING INC
 P O BOX 3046
 HINES CITY, FL 33845

Employer Identification Number:
 36-4218615
 DLN:
 319218021
 Contact Person:
 BRENDA WILKINS ID# 52638
 Contact Telephone Number:
 (877) 829-5500
 Accounting Period Ending:
 December 31
 Form 990 Required:
 No
 Addendum Applies:
 No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(u) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or