


FILE NOW: FILING FEE IS \$61.25

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

04-20-1999 90206 035 ****61.25

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

DOCUMENT # N98000001518

1. Corporation Name

PENTECOSTAL TABERNACLE OF PALM BEACH, INC.

Principal Place of Business

2215 N. MILITARY TRAIL STE. O
WEST PALM BEACH FL 33417

Mailing Address

2215 N. MILITARY TRAIL STE. O
WEST PALM BEACH FL 33417



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1998	
21 Suite, Apt., #, etc.		26 Suite, Apt., #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOLDING, FRANKLYN 201 BENNIE BLVD. APT. A227 VILLAGE OF PALM SPRINGS FL 33461				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 1456 Waterway Cove Drive	
				83 Wellington FL 33413	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, SYDNEY R	1.2 NAME	
STREET ADDRESS	1271 N.W. 175 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DELROSE	2.2 NAME	
STREET ADDRESS	1456 WATERWAY COVE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33413	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, FRANKLYN	3.2 NAME	
STREET ADDRESS	201 BENNIE BLVD. APT. A227	3.3 STREET ADDRESS	1456 Waterway Cove Drive
CITY-ST-ZIP	VILLAGE OF PALM SPRINGS FL 33461	3.4 CITY-ST-ZIP	Wellington FL 33413
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LOREN	4.2 NAME	
STREET ADDRESS	1405 LAKE CRYSTAL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13/99

561.793-5243

CR2E037 (11/98)