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Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11313 (4)

1. Corporation Name

THE PENTECOSTAL CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 392
WINTER HAVEN FL 33882P.O. BOX 392
WINTER HAVEN FL 33882-03923. Date Incorporated or Qualified
09/03/19863a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAWLS, CURTIS
2502 NESMITH RD.
PLANT CITY FL 33567

81 Name Rawls, Curtis L.

82 Street Address (P.O. Box Number is Not Acceptable)
5135 Nesmith Road

83

84 City Plant City

FL

85 Zip Code 33567

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 PD
NAME DUREN, WILLIAM
STREET ADDRESS 20793 REIMANVILLE
CITY-ST-ZIP FERNDALE MI☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE SD
NAME SHELL, MADISON
STREET ADDRESS 15909 COYLE AVE.
CITY-ST-ZIP DETROIT MI☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME GILLIAM, JUNIOR
STREET ADDRESS 16212 SAN JUAN AVE.
CITY-ST-ZIP DETROIT MI☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME RAWLS, CURTIS
STREET ADDRESS 5135 NESMITH RD
CITY-ST-ZIP PLANT CITY FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 C. L. Rawls A.L. Rawls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3-14-97 941-294-4319
Date Daytime Phone # 0064726

CR2E037 (9/96)