FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

P11313

(4)

THE PI	ENTECOSTAL CHURCH OF	F GOD, INC.				
Principal Place	of Business	Mailing Address				H DIDH INN
P.O. BOX 392 WINTER HAVEN FL 33862 P.O. BOX 392 WINTER HAVEN FL 33882					3. Date Incorporated or Qualified 09/03/1986	
					4. FEI Number App	lied For
					59-2375694 Not	Applicable
21	ace of Business	2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Ac Fee Rec	uired
27		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to	
City & State		⊢ '			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28 Zip	Country	,	Yes No	16-6-
24	25		30		8. This corporation owes or has paid the current year Inta Personal Property Tax due June 30.	-
27)	9. Name and Address of Curre		301		10. Name and Address of New Registered Agent	110
			81	Name		<u>_</u> _
RAWLS,	CURTIS SMITH ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	CITY FL 33567		83			
			84	City	FL 85 Zip C	ode
11. Pursuant t	o the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the above	e-named cor		registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was au pations of, Section 617.0503, Flor	uthorized by ida Statutes	the corpora	rporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as re-	egistered
SIGNATURE .						
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: ND DIRECTORS		per stutangia tne	ulred when reinstating) DATE	IN 45
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	Addition
NAME	DUREN, WILLIAM		1.2 NAME		E Chango	- roution
STREET ADDRESS	20793 REIMANVILLE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	FERNDALE MI	1.4 CITY-ST-ZI				
TOLE			2.1 TITLE	11-24r	Change	Addition
NAME			2.2 NAME	i	- •	
STREET ADDRESS	49999 9899 9899		2.3 STREET	ADORESS		
CITY-ST-ZIP	DETROIT MI		2. 4 CITY-	1		
TITLE			3.1 TITLE		☐ Change	Addition
NAME	GILLIAM, JUNIOR	-			-	
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change	Addition
NAME]	RAWLS, CURTIS		4. 2 NAME			
STREET ADDRESS	5135 NESMITH RD		4.3 STREET ADDRESS		•	
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2				
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	5.4		5.4 CITY - S	ST-ZIP		I - Paris
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			R 4 CITY S	T-71P		

. 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.

SIGNATURE:

C. L. Rsuils

2/16/98

941 294-4319

FILED

Mar 10 1998 8:00am

Secretary of State