

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P38378 (6)**  
1. Corporation Name  
**PENTECOSTAL ASSEMBLIES OF THE APOSTOLIC FAITH, I NC.**



Principal Place of Business  
**1306 MAPLE STREET  
CARROLLTON GA 30117**

Mailing Address  
**1306 MAPLE STREET  
CARROLLTON GA 30117**

3. Date Incorporated or Qualified  
**04/10/1992**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>58-4228061</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				

## 9. Name and Address of Current Registered Agent

**FLETCHER, JOE L.  
3931 TOHEE LANE  
JACKSONVILLE FL 32207**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILL, JR.	1.2 NAME	
STREET ADDRESS	5 HENSON CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARROLLTON GA	1.4 CITY - ST - ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, EDDIE LEE	2.2 NAME	
STREET ADDRESS	118 MANDEVILLE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CARROLLTON GA	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, EDDIE LEE	3.2 NAME	
STREET ADDRESS	118 MANDEVILLE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CARROLLTON GA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOCTON, LARRY J.	4.2 NAME	
STREET ADDRESS	360 SOUTH WILSON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	VILLA RICA GA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JOE L.	5.2 NAME	
STREET ADDRESS	3931 TOHEE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, KISAR	6.2 NAME	
STREET ADDRESS	103 WILSON AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ROME GA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Will Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-96 770-836-0297

CR2E037 (12/95)