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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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, INC.

Principal Place of Business

Mailing Address

1306 MAPLE STREET
CARROLLTON GA 30117

1306 MAPLE STREET
CARROLLTON GA 30117-4229



3. Date Incorporated or Qualified
04/10/1992

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, JOE L.
3931 TOHEE LANE
JACKSONVILLE FL 32207

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
NAME SMITH, WILL, JR.
STREET ADDRESS 5 HENSON CIRCLE
CITY-ST-ZIP CARROLLTON GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCD
NAME MASON, EDDIE LEE
STREET ADDRESS 118 MANDEVILLE AVE.
CITY-ST-ZIP CARROLLTON GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME MASON, EDDIE LEE
STREET ADDRESS 118 MANDEVILLE AVE.
CITY-ST-ZIP CARROLLTON GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MCGLOCTON, LARRY J.
STREET ADDRESS 360 SOUTH WILSON ST.
CITY-ST-ZIP VILLA RICA GA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FLETCHER, JOE L.
STREET ADDRESS 3931 TOHEE LANE
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP
NAME SELLERS, KISAR
STREET ADDRESS 103 WILSON AVE.
CITY-ST-ZIP ROME GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Will Smith Jr.* REQUIRED 44 JK.

1-10-97

770 856-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075772

CR2E037 (9/96)