## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000059

City-St-Zip:

NEW CARLISLE, IN 46655

Entity Name: THE PENTECOSTALS OF CLEARWATER, INC.

FILED Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 606 ALDEN AVE 2110 HERCULES AVE N. CLEARWATER, FL 33763 CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** 606 ALDEN AVE 2110 HERCULES AVE N CLEARWATER, FL 33755 CLEARWATER, FL 33763 FEI Number: 59-3395033 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALLESTERO, CARL A 2301 EASTWOOD DR. CLEARWATER, FL 33765 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BALLESTERO, CARL A Name: Name: 2301 EASTWOOD DR. Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: () Change () Addition BALLESTERO, KIMBERLY Name: Name: Address: 2301 EASTWOOD DR. Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ELROD, RICHARD A Name: DAVIS, WILLIS E Name: 3024 28TH AVE N 1452 QUEEN ANNE BLVD Address: Address: City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: PALM HARBOR, FL 34684 Title: ( ) Delete Title: () Change () Addition Name: THOMPSON, CLARENCE M Name: 7117 BROOKING WAY Address: Address: City-St-Zip: MECHANICSVILLE, VA 23111 City-St-Zip: Title: Title: ( ) Delete () Change () Addition BALLESTERO, MARTYN SR Name: Name: 121 W FRONT STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARL ANTHONY BALLESTERO D 04/28/2004