

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000059

FILED
Mar 31, 2006
Secretary of State

Entity Name: THE PENTECOSTALS OF CLEARWATER, INC.

Current Principal Place of Business:

2110 HERCULES AVE N.
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2110 HERCULES AVE N
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 59-3395033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLESTERO, CARL A
2301 EASTWOOD DR.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BALLESTERO, CARL A
Address: 2301 EASTWOOD DR.
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: BALLESTERO, KIMBERLY
Address: 2301 EASTWOOD DR.
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: DAVIS, WILLIS E
Address: 66 JOSH DR.
City-St-Zip: JESUP, GA 31545

Title: D () Delete
Name: THOMPSON, CLARENCE M
Address: 7117 BROOKING WAY
City-St-Zip: MECHANICSVILLE, VA 23111

Title: D () Delete
Name: BALLESTERO, MARTYN SR
Address: PO BOX 3038
City-St-Zip: SOUTH BEND, IN 46619

Title: O () Delete
Name: BALLESTERO, MARTYN II
Address: 205 ORANGEVIEW AVE.
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: DAVIS, WILLIS E
Address: 66 JOSH DR.
City-St-Zip: JESUP, GA 31545

Title: O (X) Change () Addition
Name: THOMPSON, CLARENCE M
Address: 7117 BROOKING WAY
City-St-Zip: MECHANICSVILLE, VA 23111

Title: O (X) Change () Addition
Name: BALLESTERO, MARTYN SR
Address: PO BOX 3038
City-St-Zip: SOUTH BEND, IN 46619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: CARL A. BALLESTERO

D

03/31/2006

Electronic Signature of Signing Officer or Director

Date