

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2004
Secretary of State**

DOCUMENT# N01000008825

Entity Name: PINNACLE OF FAITH MINISTRY, INC.

Current Principal Place of Business:

POST OFFICE BOX 25204
TAMARAC, FL 33320

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 25204
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 01-0606614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, CLAUDETTE
6057 N W 80TH AVENUE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

FLEMMINGS, CLAUDETTE
6057 N W 80TH AVENUE
TAMARAC, FL 33321 US

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: CLAUDETTE FLEMMINGS 05/04/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEMING, CLAUDETTE
Address: 6057 N W 80TH AVENUE
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: LYN, CLAUDIA
Address: 7950 W. MCNAB ROAD, #216
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: MIGHTY, SALOME
Address: 19420 NW 7 AVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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.

SIGNATURE: CLAUDETTE FLEMMINGS PD 05/04/2004
Electronic Signature of Signing Officer or Director Date