

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N01000008825

Entity Name: PINNACLE OF FAITH MINISTRY, INC.

Current Principal Place of Business:

2690 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2690 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 01-0606614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLEMMINGS, CLAUDETTE - O'BRIEN
18980 S.W. 32ND ST.
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

O'BRIEN, CLAUDETTE
4599 S.W DAEMON STREET
PORT SAINT LUCIE, FL 35953 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: CARLTON O'BRIEN

05/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEMMINGS, CLAUDETTE
Address: 18980 S.W. 32ND ST.
City-St-Zip: MIRAMAR, FL 33029

Title: VPD () Delete
Name: CARLTON, O'BRIEN
Address: 18980 S.W. 32ND ST.
City-St-Zip: MIRAMAR, FL 33029

Title: TRD () Delete
Name: MORGAN, MERCELLA
Address: 5801 NW 86TH AVENUE
City-St-Zip: TAMARAC, FL 33321

Title: SECD () Delete
Name: LEDGE, BARBARA
Address: 8302 NW 59TH PLACE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: MARKS, ROSELYN
Address: 2021 NW 77TH AVENUE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'BRIEN, CLAUDETTE
Address: 4599 S.W DAEMON STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPD (X) Change () Addition
Name: CARLTON, O'BRIEN
Address: 4599 S.W DAEMON STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

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 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: CARLTON O'BRIEN

VPD

05/05/2008

Electronic Signature of Signing Officer or Director

Date