

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008825

FILED  
May 02, 2012  
Secretary of State

**Entity Name:** PINNACLE OF FAITH MINISTRY, INC.

**Current Principal Place of Business:**

4599 SW DAEMON ST  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

4599 SW DAEMON ST  
PORT SAINT LUCIE, FL 34983

**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:**

O'BRIEN, CLAUDETTE  
4599 S.W DAEMON STREET  
PORT SAINT LUCIE, FL 35953 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: PD  
Name: O'BRIEN, CLAUDETTE  
Address: 4599 S.W DAEMON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: MCGLASHIN, HAZEL  
Address: 4599 S.W DAEMON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TRD  
Name: SALOME, MIGHTY  
Address: 4679 SW ATOL STREET  
City-St-Zip: PORT ST LUICE, FL 34953 UN

Title: D  
Name: MAKKS, ROSELYN  
Address: 2021 NW 77TH AVENUE  
City-St-Zip: SUNRISE, FL 33322

I hereby 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 all other like empowered.

SIGNATURE: CLAUDETTE O'BRIEN

CEO

05/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date