

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008475

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PASTOR TRAINING INSTITUTE, INC.

**Current Principal Place of Business:**

1208 US HIGHWAY 1  
SUITE B  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

1208 US HIGHWAY 1  
SUITE B  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 75-3252284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, STEVE  
1208 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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: P ( ) Delete  
Name: ROGERS, STEVE  
Address: 1208 US HIGHWAY 1, SUITE B  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP ( ) Delete  
Name: ROGERS, CYNTHIA A  
Address: 1208 US HIGHWAY 1, SUITE B  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: SEC ( ) Delete  
Name: HETZER, BRIAN  
Address: 2148 N. OAKLEY, #1  
City-St-Zip: CHICAGO, IL 60647 US

**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 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: STEVE ROGERS

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date