## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000129

Apr 21, 2009 Secretary of State

Entity Name: WONDERFUL PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:** New Principal Place of Business:

18235 NW 41ST COURT 8203 S. PALM DR. MIAMI GARDENS, FL 33035

#238

PEMBROKE PINES, FL 33025

**Current Mailing Address: New Mailing Address:** 

18235 NW 41ST COURT 8203 S. PALM DR

MIAMI GARDENS, FL 33035 #238

PEMBROKE PINES, FL 33025

FEI Number: 38-3786583 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OLAMAIYE, MARGARET REV. OLAWAIYE, MARGARET B REV. 18235 NW 41ST COURT

6203 S. PALM DR. #238

MIAMI GARDENS, FL 33055 US PEMBROKE PINES, FL 33025 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: BMOLAWAIYE 04/21/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete OLAWAIYE, MARGARATE OLAWAIYE, MARGARET REV Name: Name:

18235 NW 41ST COURT Address: 8203 S. PALM DR. Address:

City-St-Zip: MIAMI GARDENS, FL 33035 City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete Title: () Change () Addition Name: ADESINA, EMMANUEL Name:

Address: 7537 NE MIAMI CT. Address: City-St-Zip: MIAMI, FL 33035 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition OLAWAIYE, JOSEPH

Name: OLAWAIYE, JOSEPH Name: 18235 NW 41ST COURT Address: Address: 8203 S. PALM DR

City-St-Zip: MIAMI GARDENS, FL 33055 City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: JONACE, GERMAIN 9011 NW 16TH AVE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33147

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: BMOLAWAIYE **REV** 04/21/2009