

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768617

Entity Name: CATHEDRAL OF PENTECOST, INC.**Current Principal Place of Business:**5500 PINE ISLAND RD.
DAVIE, FL 33328**Current Mailing Address:**5500 PINE ISLAND RD.
DAVIE, FL 33328**FEI Number:** 59-2209885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELMS, DAVID T REV
12909 NW 23RD STREET
PEMBROKE PINES, FL 33026 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ELMS, DAVID T
Address	12909 NW 23RD ST.
City-State-Zip:	PEMBROKE PINES FL 33026

Title	S
Name	ELMS, MELANIE
Address	12909 NW 23RD ST.
City-State-Zip:	PEMBROKE PINES FL 33026

Title	T
Name	LESAGE, SUSAN
Address	17851 SW 4TH COURT
City-State-Zip:	PEMBROKE PINES FL 33029

Title	D
Name	MCFARLAND, LENWORTH
Address	P.O. BOX 460112
City-State-Zip:	FORT LAUDERDALE FL 33346

Title	D
Name	LEONARD, EDDIE
Address	1521 CATHEDRAL DRIVE
City-State-Zip:	MARGARE FL 33063

Title	D
Name	KROSKE, MICHAEL
Address	101 SW 61ST AVENUE
City-State-Zip:	PLANTATION FL 33317

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: SUSAN LESAGE**TREASURER****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date