

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008825

**FILED**  
**May 06, 2014**  
**Secretary of State**  
**CC6194359263**

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

**Current Principal Place of Business:**

4599 SW DAEMON ST  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

4599 SW DAEMON ST  
PORT SAINT LUCIE, FL 34983

**FEI Number: 01-0606614**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title D  
Name MAKKS, ROSELYN  
Address 2021 NW 77TH AVENUE  
City-State-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**

**PRESIDENT**

**05/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date