

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008825

**FILED  
Jan 23, 2016  
Secretary of State  
CC9473649039**

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

**Current Principal Place of Business:**

4599 SW DAEMON ST  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

1532 SE LYNSHIRE COURT  
PORT SAINT LUCIE, FL 34952 US

**FEI Number: 01-0606614**

**Certificate of Status Desired: No**

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

O'BRIEN, CLAUDETTE  
1532 SE LYNSHIRE COURT  
PORT SAINT LUCIE, FL 34952 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 1532 SE LYNSHIRE COURT  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title TRD  
Name MING SMITH, CHRISTINE  
Address 1532 SE LYNSHIRE COURT  
City-State-Zip: PORT ST LUICE SAINT LUCIE 34952

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**

**01/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date