

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

DOCUMENT# N03000009817

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC2365508157**

**Entity Name:** THE CHURCH OF PENTECOST USA INC FLORIDA DISTRICT

**Current Principal Place of Business:**

18133 SANDY POINT DR  
TAMPA, FL 33647

**Current Mailing Address:**

18133 SANDY POINT DR  
TAMPA, FL 33647

**FEI Number:** 20-0372285

**Certificate of Status Desired:** Yes

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

KOOMSON, SAMUEL REV  
18133 SANDY POINTE DR  
TAMPA, FL 33647 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:** SAMUEL KOOMSON

03/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DISTRICT PASTOR  
Name KOOMSON, SAMUEL REV.  
Address 18133 SANDY POINTE DR  
City-State-Zip: TAMPA FL 33647

Title ELDER  
Name ODAME, SAMUEL  
Address 4614 NORTH HALE AVENUE  
City-State-Zip: TAMPA FL 33614

Title PRESIDING ELDER  
Name ABAKA, DANIEL PE  
Address 6900 OUTLAW CT #203  
City-State-Zip: ORLANDO FL 32818

Title PRESIDING ELDER  
Name ANAFI, EMMANUEL PE  
Address 1256 SWIFT STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title CFO, ELDER  
Name SOLOMON , FRENCH  
Address 31956 NORTHRIDE DR  
City-State-Zip: WESLEY CHAPEL FL 33545

Title DISTRICT SECRETARY, PRESIDING ELDER  
Name APRAKU-MENSAH, SAMUEL  
Address 4199 HAVERHILL ROAD NORTH UNIT 110  
City-State-Zip: WEST PALM FL 33417

Title PRESIDING ELDER  
Name MENSAH-MARFO, SAMUEL DR DR.  
Address 4313 MAYLOR LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title PASTOR  
Name ADJEI, MARTIN  
Address 13964 WILD HAMMOCK TRAIL  
City-State-Zip: JACKSONVILLE FL 32226

*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:** SAMUEL KOOMSON

**PASTOR / DIRECTOR**

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date