

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

DOCUMENT# N16984

**Entity Name:** PENTECOSTAL OF FAITH CHURCH, INC.**Current Principal Place of Business:**2211 3RD AVE EAST  
PALMETTO, FL 34221**Current Mailing Address:**2211 3RD AVE EAST  
PALMETTO, FL 34221**FEI Number:** 03-0407179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, LAYON F  
442 OLD MAN ST  
BRADENTON, FL 34205 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           | D                  |
| Name            | BROOKS,RUDOLPH     |
| Address         | 205 14TH ST. CT. W |
| City-State-Zip: | PALMETTO FL 34221  |

|                 |                      |
|-----------------|----------------------|
| Title           | GS                   |
| Name            | DOWLING, DESHANDRA R |
| Address         | 3419 30TH LANE EAST  |
| City-State-Zip: | BRADENTON FL 34208   |

|                 |                      |
|-----------------|----------------------|
| Title           | CS                   |
| Name            | WHITE, LYNETTE C     |
| Address         | 131 12TH ST. CT WEST |
| City-State-Zip: | PALMETTO FL 34221    |

|                 |                   |
|-----------------|-------------------|
| Title           | P                 |
| Name            | BELVIN, DAVID     |
| Address         | 4612 NOBLE PLACE. |
| City-State-Zip: | PARRISH FL 34209  |

|                 |                  |
|-----------------|------------------|
| Title           | VP               |
| Name            | BELVIN, ARNETHA  |
| Address         | 4612 NOBLE PLACE |
| City-State-Zip: | PARRISH FL 34209 |

*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:** DESHANDRA DOWLING

GS

04/10/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date