2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705998

FILED Jan 03, 2007 Secretary of State

Entity Name: PENTECOST EVANGELICAL CHURCHES INC

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	JTH FISKE BLV DGE, FL 32955				
Current Mailing Address:			New Mail	New Mailing Address:	
	JTH FISKE BLV DGE, FL 32955				
FEI Number	r: 59-2337285	FEI Number Applied For()	FEI Number Not App	plicable () Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:	
1031 HER ROCKLEE	ALLE, JOSEPH MOSA DRIVE DGE, FL 32955	5 US	purpose of changing	its registered office or registered agent, or both	
	e of Florida.		p	,	
SIGNATU					
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () RONSISVALLE 1031 HERMOS ROCKLEDGE,	A DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RONSISVALLE, HARRY J 1341 TURN CLIFF DRIVE BIRMINGHAM, AL 35235	
Title: Name: Address: City-St-Zip:	V () RONSISVALLE 1031 HERMOS ROCKLEDGE,	A DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () RONSISVALLE 1031 HERMOS ROCKLEDGE,	A DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () BROWN, DONA 175 CHURCH F MERRITT ISLA	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DIBIASE, CARI 884 BROOKVIE ROCKLEDGE,	EW LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
			Title:	D () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH RONSISVALLE PD 01/03/2007