

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90039 012 ****70.00

| | | | |
|--|---------|---|---------|
| DOCUMENT # 708638 | | | |
| 1. Entity Name CHURCH OF GOD - PENTECOSTAS WAY OF FLORIDA, INC. | | | |
| Principal Place of Business 2230 CARVER STREET P.O. BOX 2461 FORT MYERS FL 33902 | | Mailing Address 2230 CARVER STREET P.O. BOX 2461 FORT MYERS FL 33902 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/05)

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|--|---|
| 4. FEI Number 59-6564417 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent JACKSON, JAMES 3713 AVE. J. N.W. WINTER HAVEN FL 33880 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THOMAS, WALTER 6215 MEADOW VIEW CIR FT. MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURRY, ALVIN L 3971 BALLARD ROAD FT MYERS FL 33916 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRAZIER, POPE 3408 FRANKLIN STREET FT. MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRAWFORD, ANTHONY 3770 EDISON AVENUE FT MYERS FL 33916 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINKNEY, ALBERT 2915 MARKET ST. FT. MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THOMAS, SHERRY 3429 DORA ST FT MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANNING, ANDREW 115 LESNICK DR FT. MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frazier Pope Jr. / Frazier Pope Jr* 03/14/06 (239) 337-4021