

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708638

FILED  
Mar 10, 2007  
Secretary of State

**Entity Name:** CHURCH OF GOD - PENTECOSTAS WAY OF FLORIDA, INC.

**Current Principal Place of Business:**

2230 CARVER STREET  
P.O. BOX 2461  
FORT MYERS, FL 33902

**New Principal Place of Business:**

2230 CARVER STREET  
FORT MYERS, FL 33902

**Current Mailing Address:**

2230 CARVER STREET  
P.O. BOX 2461  
FORT MYERS, FL 33902 US

**New Mailing Address:**

2230 CARVER STREET  
FORT MYERS, FL 33902 US

**FEI Number:** 59-6564417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, JAMES  
3713 AVE. J. N.W.  
WINTER HAVEN, FL 33880 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, WALTER,  
Address: 6215 MEADOW VIEW CIR  
City-St-Zip: FT. MYERS, FL

Title: D ( ) Delete  
Name: HAUGABOOK, JOHN  
Address: 3 SKIPTON CIRCLE  
City-St-Zip: FORT MEYERS, FL

Title: TD ( ) Delete  
Name: FRAZIER, POPE,  
Address: 3408 FRANKLIN STREET  
City-St-Zip: FT. MYERS, FL

Title: D ( ) Delete  
Name: PINKNEY, ALBERT,  
Address: 2915 MARKET ST.  
City-St-Zip: FT. MYERS, FL

Title: VD ( ) Delete  
Name: THOMAS, SHERRY  
Address: 3429 DORA ST  
City-St-Zip: FT MYERS, FL

Title: D ( ) Delete  
Name: MANNING, ANDREW  
Address: 115 LESNICK DR  
City-St-Zip: FT. MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERRY THOMAS

DEC

03/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date