

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708638

FILED
Apr 02, 2008
Secretary of State

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

Current Principal Place of Business:

2230 CARVER STREET
FORT MYERS, FL 33902

New Principal Place of Business:

Current Mailing Address:

2230 CARVER STREET
FORT MYERS, FL 33902 US

New Mailing Address:

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: D (X) Change () Addition
Name: FRAZIER, POPE,
Address: 3408 FRANKLIN STREET
City-St-Zip: FT. MYERS, FL

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

Title: VD (X) Change () Addition
Name: THOMAS, SHERRY
Address: 3010 MARKET ST
City-St-Zip: FT MYERS, FL

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY CRAWFORD

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04/02/2008

Electronic Signature of Signing Officer or Director

Date