2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708638

FILED Jan 06, 2009 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:
	VER STREET ERS, FL 33902	
Current M	lailing Address:	New Mailing Address:
	VER STREET ERS, 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:	Name and Address of New Registered Agent:
JACKSON 3713 AVE. WINTER H	I, JAMES . J. N.W. HAVEN, FL 33880 US	
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address:	PD () Delete THOMAS, WALTER, 6215 MEADOW VIEW CIR	Title: () Change () Addition Name: Address:
City-St-Zip:	FT. MYERS, FL	City-St-Zip:
Title: Name: Address:	D () Delete HAUGABOOK, JOHN 3 SKIPTON CIRCLE FORT MEYERS, FL	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete HAUGABOOK, JOHN 3 SKIPTON CIRCLE	Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete HAUGABOOK, JOHN 3 SKIPTON CIRCLE FORT MEYERS, FL D () Delete FRAZIER, POPE, 3408 FRANKLIN STREET	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () Delete HAUGABOOK, JOHN 3 SKIPTON CIRCLE FORT MEYERS, FL D () Delete FRAZIER, POPE, 3408 FRANKLIN STREET FT. MYERS, FL D () Delete PINKNEY, ALBERT, 2915 MARKET ST.	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 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 T 01/06/2009