

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

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 712926
1. Entity Name
**THE ROYAL ASSEMBLY OF JESUS CHRIST
PENTECOSTAL, INC.**



Principal Place of Business
**8313 NW 22 AVE
MIAMI FL 33147
US**

Mailing Address
**460 W. 25TH PLACE
HIALEAH FL 33010-1335
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E007 (10/05)

4. FEI Number **65-0402355** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**MILES, RALPH F.
201 E. 2ND STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable To
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JERIA 18735 N.W. 32ND PLACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLAG, MYRA 3314 NW 13TH AVE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSTON, VIRGINIA 460 W. 25TH PLACE HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PATRICIA 18735 NW 32 PLACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, DELORIS J 270 N.W. 191 ST. MIAMI FL 33169	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
U00000500994 04/25/06-80044-002 70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

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: *X [Signature]*

4-6-06 30562481