


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 719452	
1. Entity Name THE PENTECOSTAL CHURCH OF GOD OF AMERICA, FLORIDA DISTRICT, INC.	

Principal Place of Business 10320 MAIN ST THONOTOSASSA, FL 33592	Mailing Address 10320 MAIN ST THONOTOSASSA, FL 33592
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2027383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATAFU, LOUIS
7523 CAROLTON CIRCLE
TAMPA, FL 33619**

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000782003
01/15/08-80057-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CATAFU, LOUIS 7523 CAROLTON CIRCLE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOFORTH, C W 9925 ULMERTON RD. #126 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATCHISON, THOMAS 14618 VILLAGE GLEN CIR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Louis Catuf* **DISTRICT SECRETARY-TREASURER** 1/9/08 **813-986-1849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #