

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725459

FILED
Sep 03, 2006
Secretary of State

Entity Name: PENTECOST POWER CHURCH INC

Current Principal Place of Business:

809 NW LUCY ST
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

809 NW LUCY ST
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT, BISHOP FLOYD
22305 SW 114 COURT
GOULDS, FL 33170 US

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: SCOTT, BISHOP FLOYD,
Address: 22305 SW 114 COURT
City-St-Zip: GOULDS, FL 33170

Title: TD () Delete
Name: DARBY, DEACON LONNIE C
Address: 699 NW 2ND STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: M () Delete
Name: BRYANT, ELDER LAWRENCE
Address: 353 NW REDLAND RD
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD () Delete
Name: DAVIS, AUDREY
Address: 14751 SW 285 ST,
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: WOODS, DORIS
Address: 28 JUDY PLACE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: SCOTT, ANA M
Address: 22305 SW 114TH COURT
City-St-Zip: GOULDS, FL 33170

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:

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: AUDREY DAVIS

SD

09/03/2006

Electronic Signature of Signing Officer or Director

Date