


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

due  
date 12/08

FILED

08 SEP 24 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 730423</b> 1. Entity Name <b>PENTECOSTAL CHURCH OF THE LIVING GOD INC.</b>					
Principal Place of Business 2246 NORTHVIEW ST PALM BAY, FL 32905			Mailing Address 904 EAST ALMOND BLVD MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>00-7620015</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PINDER, HERBERT</b> <b>904 EAST ALMOND BLVD.</b> <b>MELBOURNE FLORIDA, FL 32901</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINDER, ANNIE F 904 E ALMOND BLVD MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <div style="text-align: center;"> <b>000136303710</b>  <b>09/24/08--01024--002 **61.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES PINDER, DEBORAH 1453 N.E. NORD CT PALM BAY, FL 32905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, DAVID 1453 NE NORD CT PALM BAY, FL 32905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMASON, CLYDE 1648 SUNNYBROOK LN PALM BAY, FL 32905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zell Washington (C) 904 E. Almond Blvd Melbourne FL 32905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zell Washington (C) 904 E. Almond Blvd Melbourne FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Herbert Pinder</u> <u>Aug 30, 2008</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					