

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742541</b> <small>1. Entity Name</small> PENTECOSTAL CHURCH OF JESUS CHRIST OF THE APOSTOLIC DOCTRINE, INC.					
<small>Principal Place of Business</small> 2187 NW 22 AVE MIAMI FL 33147		<small>Mailing Address</small> 765 NW 44TH ST. MIAMI FL 33127			
<small>2. Principal Place of Business - No P.O. Box #</small> Suite, Apt. #, etc.		<small>3. Mailing Address</small> Suite, Apt. #, etc.			
<small>City &amp; State</small>		<small>City &amp; State</small>			
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 05-0322900	
<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/>		<small>Applied For</small> Not Applicable			
<small>6. Name and Address of Current Registered Agent</small>  COVINGTON, IVORY T 765 NW 44 STREET MIAMI FL 33127		<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<small>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.</small>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<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>		
<small>TITLE</small> PT <small>NAME</small> COVINGTON, IVORY T <small>STREET ADDRESS</small> 765 N.W. 44TH. ST. <small>CITY ST ZIP</small> MIAMI FL	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY ST ZIP</small> 000000767773 07/10/07-80019-002 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> DS <small>NAME</small> COVINGTON, BRENDA <small>STREET ADDRESS</small> 2954 NW 52 ST <small>CITY ST ZIP</small> MIAMI FL	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY ST ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> VP <small>NAME</small> COVINGTON, LILLIA <small>STREET ADDRESS</small> 765 NW 44 STREET <small>CITY ST ZIP</small> MIAMI FL	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY ST ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> CATO, HENRY <small>STREET ADDRESS</small> 749 NW 44 ST <small>CITY ST ZIP</small> MIAMI FL 33127	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY ST ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> MATHEWS, TERRELL <small>STREET ADDRESS</small> 17120 NW 18 AVE <small>CITY ST ZIP</small> MIAMI FL	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY ST ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> COVINGTON, IVORY JR. <small>STREET ADDRESS</small> 2954 NW 52 STREET <small>CITY ST ZIP</small> MIAMI FL	<input type="checkbox"/> Delete		<small>TITLE</small>  <small>NAME</small>  <small>STREET ADDRESS</small>  <small>CITY ST ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>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.</small>					
<b>SIGNATURE:</b> <i>Ivory T Covington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/13/07 305-751-0025 <small>Date Daytime Phone #</small>		