NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name PENTEROSTAL COTHERAS INC.		FILED 05 FEB 21 PM 4: 15		
DO NOT WRITE IN 2. Principal Place of Business 3. Maili	CALLAMASSTE, FLORIDA			
2. Principal Place of Business 6224 DiAMONS Suite, Apt. #, etc. 3. Mailing Address 7.0 1304 2196 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State TAMPA Sity	& State ANGO, FLORINA	1 El Number 3345	676 AF	pplied For ot Applicable
33619 Hillsboeough 33	550 Hilsboeough	5. Certificate of Status Des	ired \$8.75 Add Fee Require	
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name Full Fire Suparior Street Address (P.O. Box Number is Not Acceptable)				
	City-TA	nf A	FL Zuca	619
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 Rev Eugene Sloam - Rev Eugene Sloam - Sev Eugene Sloam - Sev Eugene Sloam - Sev Eugene Sloam - Sev Eugene Sloam - Signature, typed or printer me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FEE IS \$61.25 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 PRESIDENT - C.E.O.	THILE			3
STREET ADDRESS 6418 21 ST AVE E.	NAME STREET ADDRESS CITY-ST-ZIP			77
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FLORIDA 336	STREET ADDRESS	70004 03/24/0501	9101577 049010 **66.29	5
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	33619 CITY-ST-ZIP	DO NO	TWRITE	
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NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		\ <u>\</u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.				
SIGNATURE: The Luciene Sour - REV LUGENE SIGNATURE SIGNATURE: 1000 02/14/05-21/12				