

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2004
Secretary of State**

DOCUMENT# 760404

Entity Name: PENTECOSTAL CHURCH OF OUR LORD AND SAVIOR JESUS CHRIST, INC.

Current Principal Place of Business:

10223 SW 180TH ST
PERRINE, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

10223 SW 180TH ST
PERRINE, FL 33157 US

New Mailing Address:

FEI Number: 59-2142172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATSON, SIMEON
1409 NE 152ND ST
10223 S W 180TH ST
PERRINE, FL 33157 US

Name and Address of New Registered Agent:

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: WATSON, SIMEON,
Address: 1409 NE 152ND ST
City-St-Zip: N MIAMI BEACH FL,

Title: VPD () Delete
Name: WATSON, ELAINE,
Address: 1409 NE 152ND ST
City-St-Zip: N MIAMI BEACH FL,

Title: D () Delete
Name: CLARKE, ROSHEBA
Address: 11941 SW 210 STREET
City-St-Zip: MIAMI, FL 33177

Title: S () Delete
Name: WASHINGTON, WARREN
Address: 1171 SW 190TH STREET
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: SILIMON, TIMOTHY
Address: 260 N W 105 STREET
City-St-Zip: MIAMI, FL 33150

Title: VS () Delete
Name: JONES, WILLIE
Address: 2261 N W 58 STREET
City-St-Zip: MIAMI, FL 33140

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
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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 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 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: SIMEON WATSON

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date