# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2007**
**Secretary of State**

DOCUMENT# 768617

**Entity Name:** CATHEDRAL OF PENTECOST, INC.

**Current Principal Place of Business:**

5500 PINE ISLAND RD.
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5500 PINE ISLAND RD.
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number: 59-2290885** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELMS, DAVID T REV
12909 NW 23RD STREET
PEMBROKE PINES, FL 33026 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: P ( ) Delete
Name: ELMS, DAVID T
Address: 12909 NW 23RD ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete
Name: ELMS, MELANIE
Address: 12909 NW 23RD ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T ( ) Delete
Name: LESAGE, SUSAN
Address: 17851 SW 4TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: SALAMIDA, MARTY
Address: 11061 SW 30 COURT
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: LEONARD, EDDIE
Address: 1521 CATHEDRAL DRIVE
City-St-Zip: MARGARE, FL 33063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: D ( ) Change (X) Addition
Name: DONVILLE, LAWES
Address: 710 SW 95 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

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: SUSAN LESAGE T 02/16/2007

Electronic Signature of Signing Officer or Director — Date