2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000002960

PENTECOSTAL CHURCH, GOD IS LOVE, INC.



Principal Place of Business

3530 N POWERLINE ROAD POMPANO BEACH, FL 33069 Mailing Address

3530 N POWERLINE ROAD POMPANO BEACH, FL 33069

FILED May 14, 2008 08:00 AN Secretary of State



04252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 04-3096561 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASTESI, RAUL JR 15600 N.W. 67TH AVE., SUITE 308 MIAMI LAKES, FL 33014

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| | | l | | | | | |
|---|--|-----------------------------------|-----------------------|--------------------------------|------------------------------|----------------------------|------|
| 8. The above the obligate SIGNATURE. | a named entity submits this statement for the tions of registered agent | purpose of changing its registere | ed office or reg | istered agent, or bo | oth, in the State of Florida | I am familiar with, and ac | cept |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered | | | d Agent signature rec | quired when reinstating) | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Final Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIRE | | | | , , | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MIRANDA, DAVID M AV DO ESTADO 4568 SAN PABLO SP BRAZIL, | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DE ALMEIDA, LOURIVAL 1124 S.W. 149TH TERRACE SUNRISE, FL 33326 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEFARIAS, JOSELINO 98 FLORENCE STREET BROCKTON, MA | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DE MIRAND, DEBORA O 1124 S.W. 149TH TERRACE SUNRISE, FL 33326 | | IN | IN THIS SPACE | | | |
| TITLE NAMÉ | D SANTOS, BENVINDO LOPES | | , | | • | | |

12. Thereby 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME 206 MURES AVE

PAWTUCKET, RI 02860

DE MIRANDA, ERENI O

SAN PABLO, SP BRAZIL,

RUA CONDE DE SARZEOAS 185

INTED NAME OF SIGNING OFFICER OR DIRECTOR

5.8.2008 (508)5101261

Daytime Priong #