


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90224 031 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # F98000001680</b><br>1. Entity Name<br><b>PENTECOSTAL GOSPEL TEMPLE (INC.)</b>   |   |  |  |                  |  |
| Principal Place of Business<br><b>111 WINDWARD ROAD<br/>KINGSTON 2<br/>JAMAICA, W.I.,</b>   |   |  | Mailing Address<br><b>111 WINDWARD ROAD<br/>KINGSTON 2<br/>JAMAICA, W.I.,</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                      |  |   |  |
| City & State<br><br>Zip   |   | City & State<br><br>Zip  |  | Country   |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |   |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STEWART, CAROLYN A<br/>441 S. STATE RD 7<br/>STE 9<br/>MARGATE, FL 33068</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <u>Carolyn Stewart</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>2320-1 East Aragon Blvd.</u><br>City <u>Surprise</u> <u>FL</u> Zip Code <u>33313</u> |   |  |
| 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.<br><br>SIGNATURE <u>[Signature]</u> DATE <u>4/15/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b><br>Make check payable to<br><b>Florida Department of State</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PC<br>STEWART, CARMEN L REV.<br>111 WINDWARD ROAD, KINGSTON 2<br>JAMAICA, WI, | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>KEANE, ENID<br>111 WINDWARD ROAD, KINGSTON 2<br>JAMAICA, WI,             | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VVCS<br>THOMPSON, FREDERICK REV.<br>54 SLIPE ROAD, KINGSTON 5<br>JAMAICA, WI, | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PHILLIPS, CHARLES<br>2 C TAVISTOCK TERRACE, KINGSTON 6<br>JAMAICA, WI,   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>STEWART, ROBERT<br>34 MONTCLAIR DRIVE, KINGSTON 6<br>JAMAICA, WI,        | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |  |  |   |  |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |   |  |
| <b>SIGNATURE:</b> <u>Carmen L. Stewart</u> <b>CARMEN L. STEWART</b> <u>03/21/04</u> <u>(876) 928-4614</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |  |