## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 18, 2005 08:00 AM DOCUMENT # F98000001680 **Secretary of State** PENTECOSTAL GOSPEL TEMPLE (INC.) Principal Place of Business Mailing Address 111 WINDWARD ROAD 111 WINDWARD ROAD KINGSTON 2 KINGSTON 2 JAMAICA, W.I., JAMAICA, W.I., 02022005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, CAROLYN A DO NOT WRITE 2320-1 EAST ARAGON BLV.D SUNRISE, FL 33313 IN THIS SPACE . 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE. NAME STEWART, CARMEN L REV. 111 WINDWARD ROAD, KINGSTON 2 STREET ADDRESS CITY-ST-7P JAMAICA, WI, U00000268595 TITLE -03/18/05-80049-014 61.25 KEANE, ENID STREET ADDRESS. 111 WINDWARD ROAD, KINGSTON 2 CITY-ST-ZIP JAMAICA, WI, NAME THOMPSON, FREDERICK REV. STREET ADDRESS 54 SLIPE ROAD, KINGSTON 5 DO NOT WRITE CITY-ST-ZIP JAMAICA, WI, TITLE IN THIS SPACE D NAME PHILLIPS, CHARLES STREET ADDRESS 2 C TAVISTOCK TERRACE, KINGSTON 6 CITY-ST-ZIP JAMAICA, WI, TITLE מ NAME STEWART, ROBERT STREET ADDRESS 34 MONTCLAIR DRIVE, KINGSTON 6 CITY-ST-ZIP JAMAICA, WI. TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

SIGNATURE

CITY-ST-7IP

SISTEMANT CAIRMEN & STEWAY

MAR3.05

876-928-464

FILED