


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N00000001085</b>	
<b>1. Entity Name</b> PENTECOSTAL MINISTRIES UPON A SOLID FOUNDATION, INC.	

<b>Principal Place of Business</b> 4445 N POWERLINE RD OAKLAND PARK, FL 33309	<b>Mailing Address</b> PO BOX 120125 FORT LAUDERDALE, FL 33312
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01052006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 31-1696233	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  DAVIS, DEBRA 3620 SW 3RD STREET FT. LAUDERDALE, FL 33312
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**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.**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, DEBRA 3620 SW 3RD STREET FT. LAUDERDALE, FL 33312
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, LEON 3620 SW 3RD STREET FT. LAUDERDALE, FL 33312
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, MARGARET 3201 NW 18TH STREET FT. LAUDERDALE, FL 33311
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DAN 3201 NW 18TH STREET FT. LAUDERDALE, FL 33311
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SMART, BIRDY 30 SW 4TH AVENUE DANIA, FL 33004
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**12. I hereby 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.**

<b>SIGNATURE:</b> <i>Debra Davis</i> <b>Debra Davis</b>	<b>01-09-06 (954) 803-1224</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>