

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001085

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** PENTECOSTAL MINISTRIES UPON A SOLID FOUNDATION, INC.

**Current Principal Place of Business:**

4445 N POWERLINE RD  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120125  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 31-1696233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, DEBRA  
2821 S.W. 6 STREET  
FORT LAUDERDALE, FL 33312 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: PD ( ) Delete  
Name: DAVIS, DEBRA  
Address: 2821 S.W. 6 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VD ( ) Delete  
Name: DAVIS, LEON  
Address: 2821 S.W. 6 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: SD ( ) Delete  
Name: SCOTT, MARGARET  
Address: 3201 NW 18TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: D ( ) Delete  
Name: SCOTT, DAN  
Address: 3201 NW 18TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 34953 US

Title: D ( ) Delete  
Name: SMART, BIRDY  
Address: 30 SW 4TH AVENUE  
City-St-Zip: DANIA, FL 33004 US

**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:

I hereby certify that the information supplied with this filing does not qualify 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: LEON DAVIS

VD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date