

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003527

1. Entity Name
PEMBROKE PARK NEW TESTAMENT CHURCH OF GOD, INC.

Principal Place of Business
**5848 W HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023**

Mailing Address
**5848 W HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE

03132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1016257

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

3. Name and Address of Current Registered Agent

**RODRIGUEZ, CLIFTON
3146NW 68TH ST, STE NO. 1
FT LAUDERDALE, FL 33308-1206**

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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 *Ruparth Christie* DATE 3/15/05

Typed or printed name of registered agent on time if applicable (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$41.25
Due by May 1, 2006**

6. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CHRISTIE, RUPERT L 19620 NW 11TH COURT MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CHRISTIE, EVERETTE E 19620 NW 11TH COURT MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSS, CAROL 4440 SW 22ND ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOTICE, GUY S 5730 WIZAN COURT ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCES, JAMES N 19700 NE 22ND AVE NORTH MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHRISTIE, ANGELA M 10768 NW 11TH ST PEMBROKE PINES, FL 33026

UN00000271849
03/21/05-80061-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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, or all other like empowered.

SIGNATURE: *Ruparth Christie* Date 3/15/05 Daytime Phone #

Typed or printed name of Secretary, Officer or Director