2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003527

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

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

DO NOT WRITE IN THIS SPACE

03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1016257

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIQUEZ, CLIFTON
3146NW 68TH ST, STE NO. 1
FT LAUDERDALE, FL 33309-1206

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	CHRISTIE, RUPERT L
STREET ADDRESS	19620 NW 11TH COURT
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VDT
NAME	CHRISTIE, EVERETTE E
STREET ADDRESS	19620 NW 11TH COURT
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	TD
NAME	MOSS, CAROL
STREET ADDRESS	4440 SW 22ND ST
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	TD
NAME	NOTICE, GUY S
STREET ADDRESS	5730 IBIZAN COURT
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	DT
NAME	FRANCES, JAMES N
STREET ADDRESS	19700 NE 22ND AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33180
TITLE	DT
NAME	CHRISTIE, ANGELA M
STREET ADDRESS	10768 NW 11TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33026

U00000496661
04/22/06-80020-007 70.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #