

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005023

FILED
May 29, 2007
Secretary of State

Entity Name: PENTACLE POINT, INCORPORATED

Current Principal Place of Business:

POST OFFICE BOX 60745
PALM BAY, FL 329060745

New Principal Place of Business:

3414 HENRY ST
MELBOURNE, FL 32901

Current Mailing Address:

POST OFFICE BOX 60745
PALM BAY, FL 329060745

New Mailing Address:

FEI Number: 59-3730205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, GAZARIA
3414 HENRY STREET
MELBOURNE, FL 32901 US

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: D () Delete
Name: WILLIAMS, GAZARIA
Address: 3414 HENRY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: CANNON, JOANN
Address: 1101 MILLS STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAZARIA WILLIAMS

OWNE

05/29/2007

Electronic Signature of Signing Officer or Director

Date