

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008825

FILED  
May 03, 2009  
Secretary of State

Entity Name: PINNACLE OF FAITH MINISTRY, INC.

## Current Principal Place of Business:

2690 N. UNIVERSITY DR.  
SUNRISE, FL 33322

## New Principal Place of Business:

529 PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

2690 N. UNIVERSITY DR.  
SUNRISE, FL 33322

## New Mailing Address:

529 PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983

FEI Number: 01-0606614      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:

O'BRIEN, CLAUDETTE  
4599 S.W DAEMON STREET  
PORT SAINT LUCIE, FL 35953      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: O'BRIEN, CLAUDETTE  
Address: 4599 S.W DAEMON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPD      ( ) Delete  
Name: CARLTON, O'BRIEN  
Address: 4599 S.W DAEMON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TRD      ( ) Delete  
Name: MORGAN, MERCELLA  
Address: 5801 NW 86TH AVENUE  
City-St-Zip: TAMARAC, FL 33321

Title: SECD      ( ) Delete  
Name: LEDGE, BARBARA  
Address: 8302 NW 59TH PLACE  
City-St-Zip: TAMARAC, FL 33321

Title: D      ( ) Delete  
Name: MARKS, ROSELYN  
Address: 2021 NW 77TH AVENUE  
City-St-Zip: SUNRISE, FL 33322

## 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: CARLTON O'BRIEN

VP

05/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date