


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004042					
1. Entity Name THE PENTECOSTAL APOSTOLIC CHURCH OF JESUS CHRIST, INC.					
Principal Place of Business 531 E EL PASO AVE CLEWISTON, FL 33440			Mailing Address PO BOX 2443 CLEWISTON, FL 33440		
2. Principal Place of Business 531 East El Paso		3. Mailing Address P.O. Box 2443			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clewiston, FL		City & State Clewiston, FL		4. FEI Number 04-3696408	
Zip 33440		Country Hendry		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, SOLOMON 518 EAST VENTURA AVE. CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME LEWIS, SOLOMON STREET ADDRESS 518 EAST VENTURA AVE CITY-ST-ZIP CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000067977810 03/16/06--01021--025 **\$1.25	
TITLE VD NAME LEWIS, JACQUELINE STREET ADDRESS 518 EAST VENTURA AVE. CITY-ST-ZIP CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SO NAME EADDY, JUNITA STREET ADDRESS 428 EAST ALVERDEZ AVE CITY-ST-ZIP CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SANDERS, BERTHA MAE STREET ADDRESS PO BOX 1435 CITY-ST-ZIP CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MANN, VENESHIA STREET ADDRESS 414 W. ALVERDEZ AVE. CITY-ST-ZIP CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Solomon S Lewis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/10/06</u> <small>Date</small>		<u>863-983-2865</u> <small>Daytime Phone #</small>

FILED

06 FEB 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072006 Chg-NP CR2E037 (11/05)