

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90473 001 \*\*\*\*\*8.75  
 03-12-2007 90473 002 \*\*\*\*\*61.25

<b>DOCUMENT # N02000004042</b>			
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 - No P.O. Box # <i>104 and 106 West Ventura Ave</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Clewiston, FL</i>		City & State	
Zip <i>33440</i>	Country <i>Hendry</i>	Zip <i>33440</i>	Country <i>Hendry</i>
4. FEI Number <b>04-3696408</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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 <i>Solomon Lewis</i>		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 LEWIS, SOLOMON 518 EAST VENTURA AVE CLEWISTON, FL 33440	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD LEWIS, JACQUELINE 518 EAST VENTURA AVE. CLEWISTON, FL 33440	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SO EADDY, JUNITA 428 EAST ALVERDEZ AVE CLEWISTON, FL 33440	TITLE	<i>Secretary</i> Christy Patrick 518 East Ventura Ave Clewiston, FL 33440
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD SANDERS, BERTHA MAE PO BOX 1435 CLEWISTON, FL 33440	TITLE	<i>Treasurer</i> Shelia Williams P.O. Box 2692 Clewiston, FL 33440
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD MANN, VENESHIA 414 W. ALVERDEZ AVE. CLEWISTON, FL 33440	TITLE	<i>Treasurer</i> J.C Carter 1462 NW 12th St Belle Glade, FL 33430
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Solomon Lewis</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	