

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004798

FILED
Feb 15, 2007
Secretary of State

Entity Name: PINE STREET CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

159 HERMAN DR
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

159 HERMAN DR
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 41-2038726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, DERRICK L SR
159 HERMAN DR
HAWTHORNE, FL 32640 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: PPD () Delete
Name: MERCER, DERRICK L SR
Address: 159 HERMAN DR
City-St-Zip: HAWTHORNE, FL 32640

Title: VD () Delete
Name: MERCER, MELINDA R
Address: 159 HERMAN DR
City-St-Zip: HAWTHORNE, FL 32640

Title: TD () Delete
Name: MOSLEY, BARABA
Address: P.O.BOX 419
City-St-Zip: STARKE, FL 32091

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DERRICK L MERCER

OFFI

02/15/2007

Electronic Signature of Signing Officer or Director

Date