

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004933

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE PENTECOSTALS OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

3375 HWY ONE SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

575 BIG OAK RD
ST AUGUSTINE, FL 32095

Current Mailing Address:

9782 NIMITZ COURT SOUTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3526294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDNALL, TIMOTHY L SR.
9782 NIMITZ COURT SOUTH
JACKSONVILLE, FL 32246 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: HUDNALL, TIMOTHY L SR
Address: 9782 NIMITZ COURT SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST () Delete
Name: HUDNALL, BRENDA J
Address: 9782 NIMITZ COURT SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: DIMSDALE, RUTH L
Address: 4257 OAK LANE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: RAISOR, DONALD R
Address: 258 MONTEREY AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

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:

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: TIMOTHY L HUDNALL

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date