

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006081

1. Entity Name
**FAITH TEMPLE PENTECOSTAL FIRST BORN CHURCH
OF WEST HOLLYWOOD INC.**



Principal Place of Business
**5901 SW 25TH STREET
WEST HOLLYWOOD, FL 33023-4094**

Mailing Address
**5901 SW 25TH STREET
WEST HOLLYWOOD, FL 33023-4094**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0419743	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENNARD, ALLEN REV.
5901 SW 25TH STREET
WEST HOLLYWOOD, FL 33023-4094**

**DO NOT WRITE
IN THIS SPACE**

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 *Allen Dennard*
Signature, typed or printed name of registered agent and title if applicable

ALLEN DENNARD/Registered agent
(NOTE: Registered Agent signature required when reinstating)

DATE

5/4/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

06/03/08-80030-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNARD, ALLEN REV. PO BOX 16-0795 MIAMI, FL 33116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEW, DAISY 3480 NW 207TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MAMIE 21000 NW 31ST AVENUE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEM, CHARITY 5901 SW 25TH STREET WEST HOLLYWOOD, FL 330234094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Allen Dennard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/08