


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

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000006381 1. Entity Name MAINLINE PENTECOSTAL MINISTRIES INC.	
---	---

Principal Place of Business 2834 HWY 87 SOUTH NAVARRE, FL 32566	Mailing Address P.O. BOX 5752 NAVARRE, FL 32566
---	---



01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0638950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARVELL, CHADRICK S 9643 BONE BLUFF DR. NAVARRE, FL 32566

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 <u><i>Chadrick S. Harvell</i></u> (NOTE: Registered Agent signature required when reinstating) <u>2/1/07</u> DATE
--

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000628359 02/16/07-80012-013 70.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARVELL, CHADRICK S P.O. BOX 5752 NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HILTON, ROSS P.O. BOX 5752 NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARVELL, SHARON K P.O. BOX 5752 NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: <u><i>Chadrick S. Harvell</i></u> <u>2/1/07</u> <u>850 936 5505</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
