

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

8/1

FILED
Sep 04, 2008 8:00 am
Secretary of State

08-05-2008 90004 018 ****70.00

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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**

66016310



07072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0638950

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARVELL, CHADRICK S
9643 BONE BLUFF DR.
NAVARRE, FL 32566**

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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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
HARVELL, CHADRICK S
P.O. BOX 5752
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
HILTON, ROSS
P.O. BOX 5752
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ST
HARVELL, SHARON K
P.O. BOX 5752
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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: *[Signature]*