


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000000713		
1. Entity Name PENTECOSTES CHURCH CAMP OF JEHOVA, INC.		
Principal Place of Business 25000 S.W. 147 AVENUE HOMESTEAD, FL 33032	Mailing Address 25000 S.W. 147 AVENUE HOMESTEAD, FL 33032	



01132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>68-0539543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

VELEZ, MYRNA  
25000 S.W. 147 AVENUE  
HOMESTEAD, FL 33032

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IN THIS SPACE

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VELEZ, ANIBAL
STREET ADDRESS	25000 S.W. 147 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	VP
NAME	VELEZ, MYRNA
STREET ADDRESS	2500 SW 147 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	S
NAME	RIVERA, EDIZA
STREET ADDRESS	25000 S.W. 147 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80098-013; 61.25

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: *Quilad Velez* 1-17-2008 (305) 257-5947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #