

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006072

FILED
Apr 29, 2007
Secretary of State

Entity Name: PENSACOLA FELLOWSHIP FOR INTERNATIONAL REVIVAL AND EVANGELISM, INC.

Current Principal Place of Business:

446 BAY PINE VILLAS DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

446 BAY PINE VILLAS DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 01-0791876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNK, MICHAEL D
446 BAY PINE VILLAS DRIVE
PENSACOLA, FL 32506 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: FUNK, MICHAEL D
Address: 446 BAY PINE VILLAS DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: VD () Delete
Name: GLADSTONE, ROBERT J
Address: 98 POPLAR WOODS DRIVE
City-St-Zip: CONCORD, NC 28027

Title: TD () Delete
Name: RAPHAEL, MILTON L SR.
Address: 10116 BITTERN DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: VOLK, SCOTT ALAN
Address: 12120 BARWEN CT
City-St-Zip: CHARLOTTE, NC 28262

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: MILTON L RAPHAEL, SR.

TD

04/29/2007

Electronic Signature of Signing Officer or Director

Date