2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N03000006196

Entity Name: PENTECOSTAL WORSHIP CENTER, INCORPORATED

Current Principal Place of Business:

6804 BAYOU GEORGE DR
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6804 BAYOU GEORGE DR
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3470028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WADE, JOHNNY W II
6804 BAYOU GEORGE DR
PANAMA CITY, FL 32404 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: WADE, JOHNNY W II
Address: 1201 E. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete
Name: WADE, MARIE
Address: 1201 E. 5TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: TR ( ) Delete
Name: TOBIAS, COREY
Address: 2417 OAK TREE COURT
City-St-Zip: PANAMA CITY, FL 32404

Title: TD ( ) Delete
Name: HILL, ERIN
Address: 4922 MCCALL LN
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete
Name: WADE, CYNTHIA
Address: P.O. BOX 3701
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: GRIFFIN, ANICE
Address: 1128 S. GAY AVE. #2
City-St-Zip: PANAMA CITY, FL 32401

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DANIELS, ANICE
Address: 1128 S. GAY AVE. #2
City-St-Zip: PANAMA CITY, FL 32401

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: SHIRLEY MARIE WADE VP 04/30/2008

Electronic Signature of Signing Officer or Director — Date