

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009598

FILED
May 26, 2006
Secretary of State

Entity Name: PIONEER COMMUNITY CHURCH, INC.

Current Principal Place of Business:

PO BOX 820438
PEMBROKE PINES, FL 33082

New Principal Place of Business:

601 SW 172 AVENUE
PEMBROKE PINES, FL 33029

Current Mailing Address:

10900 NW 19TH AVENUE
MIAMI, FL 33167

New Mailing Address:

P O BOX 820438
PEMBROKE PINES, FL 330820438

FEI Number: 52-2413387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATKINS, CHARLES H ESQ.
15723 NW 81ST COURT
MIAMI LAKES, FL 33016 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: CP () Delete
Name: GRANT, DONAT E
Address: 538 SLIPPERY ROCK ROAD
City-St-Zip: WESTON, FL 33327

Title: V () Delete
Name: WATKINS, CHARLES H ESQ.
Address: 15723 NW 81ST COURT
City-St-Zip: MIAMI LAKES, FL 33016

Title: S () Delete
Name: WALLACE, GARY
Address: 1817 NW 127TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: AT () Delete
Name: EDWARDS, SHELDON
Address: 10530 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33322

Title: AS () Delete
Name: DIXON, TREVOR
Address: 2580 SW 192ND TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: T (X) Delete
Name: WALLACE, HORACE
Address: 731 NW 175 DR
City-St-Zip: MIAMI, FL 331694709

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: T (X) Change () Addition
Name: EDWARDS, SHELDON
Address: 10530 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33322

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 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: JUDITH BUTLER

OA

05/26/2006

Electronic Signature of Signing Officer or Director

Date