2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 09, 2006 08:00 Al Secretary of State DOCUMENT # N04000000427 PENTECOSTAL BELIEVER'S CHURCH INC. Principal Place of Business Mailing Address 1512 AMOS AVE 1696 BAYVIEW DRIVE LAKELAND FL 33805 LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For City & State City & State 4. FEI Number 54-2150319 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JOSEPH M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1701 J.L. REDMAN PARKWAY PLANT CITY FL 33563 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 **和特殊的數學的物學的** \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 地名阿拉尔斯西斯地 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete Change Addition GRADDY, VERNETTA UDDDDD573936 1696 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS 08/09/06-80003-013 61**.**25 LAKELAND FL 33805 CITY - ST - ZIF CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition GRADDY, RODNEY NAME NAME 1696 BAYVIEW DRIVE U00000573936 STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 08/09/06-80003-014 8.75 CXTY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition STEPHENS, MARCELL MAME NAME **827 W. 14TH STREET** STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CITY - ST - ZIP TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

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 tike empowered.

SIGNATURE:

e Stephens

8-7-06