

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000000427

1. Entity Name

PENTECOSTAL BELIEVER'S CHURCH INC.



FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1512 AMOS AVE
LAKELAND FL 33805

1696 BAYVIEW DRIVE
LAKELAND FL 33805



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State

City & State

4. FEI Number

54-2150319

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JOSEPH M ESQ.
1701 J.L. REDMAN PARKWAY
PLANT CITY FL 33563

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME GRADY, VERNETTA
STREET ADDRESS 1696 BAYVIEW DRIVE
CITY-ST-ZIP LAKELAND FL 33805

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME GRADY, RODNEY
STREET ADDRESS 1696 BAYVIEW DRIVE
CITY-ST-ZIP LAKELAND FL 33805

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000959225
09/09/08-80002-012 61.25

TITLE Delete
NAME STEPHENS, MARCELL
STREET ADDRESS 827 W. 14TH STREET
CITY-ST-ZIP LAKELAND FL 33805

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 like empowered.

SIGNATURE:

Marcell Stephens

9-4-08

(863)686-2569