

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N04000004812

Entity Name: PENTECOSTAL TABERNACLE MINISTRIES, INC.

**Current Principal Place of Business:**

13359 RAILROAD STREET  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

13359 RAILROAD STREET  
LIVE OAK, FL 32060

**New Mailing Address:**

FEI Number: 14-1913758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, DARIN N  
13359 RAILROAD STREET  
LIVE OAK, FL 32060      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: D      ( ) Delete  
Name: WILSON, DARIN N  
Address: 13359 RAILROAD STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: D      ( ) Delete  
Name: WILSON, DELAINA M  
Address: 13359 RAILROAD STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: D      ( ) Delete  
Name: WILSON, LEONARD N  
Address: 13359 RAILROAD STREET  
City-St-Zip: LIVE OAK, FL 32060

**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:

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: DARIN N WILSON

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date