2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE '

DOCUMENT # N0400007800

FIRST UNITED CHURCH OF GOD OF PENTECOSTAL INC



Principal Place of Business

1118 NW 15 ST FT LAUDERDALE, FL 33311 Mailing Address

1118 NW 15 ST FT LAUDERDALE, FL 33311

FILED

Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90046 001 ****61.25

04-16-2008 90046 002 *****8.75

101000101

01302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 51-0534181 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | | | | | • | | | |
|--|--|---|-------------------------------|--------------------------------|----------|-------------|--------|--|
| DANY, VERONIQUE 1118 NW 15 ST FT LAUDERDALE, FL 33311 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 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 I | f applicable. (NOTE: Registered | Agent signature | required when reinstating) | | MTE | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Finant Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DANY, VERONIQUE 1118 NW 15 ST FT LAUDERDALE, FL 33311 | | | | | | | |
| TITLE Name Street address City-St-Zip | DV DANY, ELIDIEU 1118 NW 15 ST FT LAUDERDALE, FL 33311 | , | : | | | | : | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | DS SAINT CYR, LEODIANE 318 NW 44 AVE PLANTATION, FL 33317 | | : | DO | NOT WRI | TE | | |
| TITLE Name Street address City-St-Zip | DT PIERRE, MICHELINE 240 NE 25 CT POMPANO BEACH, FL 33064 | | | IN | THIS SPA | CE | : | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | | | | • | | in the | |
| TITLE 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 cath; 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: _ | | | |
|--------------|--|------|-----------------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR | Date | Deytime Phone # |
| | | | |