

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 14, 2005 8:00 am
Secretary of State

02-18-2005 90060 050 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N0400009959					
1. Entity Name PENTECOSTAL ASSEMBLIES OF FAITH INC.					
Principal Place of Business 5057 OKEECHOBEE BLVD WEST PALM BEACH FL 33417			Mailing Address 5057 OKEECHOBEE BLVD WEST PALM BEACH FL 33417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1235106	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDING, FRANKLYN		NAME		
STREET ADDRESS	5057 OKEECHOBEE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDING, DELROSE		NAME		
STREET ADDRESS	5057 OKEECHOBEE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRICK, CHERRINNA		NAME		
STREET ADDRESS	5057 OKEECHOBEE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKE, PAULINE		NAME		
STREET ADDRESS	5057 OKEECHOBEE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <i>Delrose Golding</i>		Date: 2-15-05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					