2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000010641

Entity Name: PENTECOSTAL CITY MISSION CHURCH OPA LOCKA INC.

Current Principal Place of Business:

17325 NW 27TH AVE., SUITE 205
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

17325 NW 27TH AVE., SUITE 205
OPA LOCKA, FL 33056

New Mailing Address:

P.O BOX 917
OPA LOCKA, FL 33054

FEI Number: 26-0122054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, EVELYN
18941 NW 14TH CT.
MIAMI, FL 33169 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: PD ( ) Delete
Name: JACKSON, EVELYN
Address: 18941 NORTHWEST 14 COURT
City-St-Zip: MIAMI, FL 33169

Title: VD ( ) Delete
Name: SHAW, DONALD
Address: 2605 NW 135TH ST., APT. 207
City-St-Zip: MIAMI, FL 33167

Title: TD ( ) Delete
Name: ALLEN, VIVIA
Address: 620 ORIENTAL BLVD.
City-St-Zip: OPA LOCKA, FL 33169

Title: SD ( ) Delete
Name: BRISCOE, SYLVIA
Address: 561 NW 185TH ST.
City-St-Zip: MIAMI, FL 33169

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:

Title: SD (X) Change ( ) Addition
Name: BRISCOE, SYLVIA
Address: 950 PERI STREET
City-St-Zip: OPA LOCKA, FL 33054

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: EVELYN JACKSON PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date