

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004249

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: THE PENTECOSTALS OF LARGO, INC.

## Current Principal Place of Business:

2110 N. HERCULES AVE.  
CLEARWATER, FL 33763

## New Principal Place of Business:

221 LAKE AVE . NE  
APT. 101  
LARGO, FL 33771

## Current Mailing Address:

2110 N. HERCULES AVE.  
CLEARWATER, FL 33763

## New Mailing Address:

PO BOX 1342  
LARGO, FL 33779

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWE, GREGORY K  
1221 PONCE DE LEON NLVD.  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

BOWE, GREGORY K  
221 LAKE AVE. NE APT. 101  
LARGO, FL 33771 US

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: GREGORY BOWE

04/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BALLESTERO, CARL A  
Address: 2301 EASTWOOD DR.  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: BALLESTERO, KIMBERLY  
Address: 2301 EASTWOOD DR.  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: BOWE, GREGORY  
Address: 1221 PONCE DE LEON BLVD.  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: MCMILLON, BETH  
Address: 2110 N. HERCULES AVE  
City-St-Zip: CLEARWATER, FL 33763

## 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: D (X) Change ( ) Addition  
Name: BOWE, TIFFANY  
Address: 221 LAKE AVE. NE APT. 101  
City-St-Zip: LARGO, FL 33779

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: GREGORY BOWE

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date