

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007238

FILED  
Aug 08, 2008  
Secretary of State

**Entity Name:** PENTECOSTAL CELEBRATION MINISTRIES INC

**Current Principal Place of Business:**

2591 W BEAVER ST  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26479  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

JOHNSON, DON III  
2591 W. BEAVER ST  
JACKSONVILLE, FL 32254 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KINSEY, CARRIE  
Address: 2591 W BEAVER ST  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP ( ) Delete  
Name: WASHINGTON, RODNEY  
Address: 2591 W. BEAVER ST  
City-St-Zip: JACKSONVILLE, FL 32254

Title: TREA ( ) Delete  
Name: JOHNSON, DON  
Address: 2591 W. BEAVER ST  
City-St-Zip: JACKSONVILLE, FL 32254

**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: DON JOHNSON

TREA

08/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date