

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007238

FILED
Mar 20, 2009
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 ()

Name and Address of Current Registered Agent:

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

03/20/2009

Electronic Signature of Signing Officer or Director

Date