


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N07568**  
 1. Entity Name  
**PENTECOSTAL TEMPLE REVIVAL CENTER, INC.**



Principal Place of Business  
**2050 NW 27TH ST**  
**OAKLAND PARK, FL 33311 US**

Mailing Address  
**6541 FALCONSGATE AVENUE**  
**DAVIE, FL 33331**



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2721390**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DONINGUEZ, CARMEN**  
**5711 S.W. 83 STREET**  
**MIAMI, FL 33143**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


U00000589819  
 01/18/07-80031-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BRANTLEY, WILLIE ALBERT 6541 FALCONSGATE AVENUE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JACKSON, MELINDA 4204 SW 27TH ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BRANTLEY, JAMES 5170 N.W. 73 WAY LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS GADSON, JANIE 915 RIVERSIDE DR #521 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BRANTLEY, CHERYL 6541 FALCONSGATE AVE. DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTD KEITH, NETTIE 2050 N.W. 27TH ST. OAKLAND PK., FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **1/11/07** **954 600 6301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #