


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N07568 1. Entity Name PENTECOSTAL TEMPLE REVIVAL CENTER, INC.	
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Principal Place of Business 2050 NW 27TH ST OAKLAND PARK, FL 33311 US	Mailing Address 6541 FALCONSGATE AVENUE DAVIE, FL 33331
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2721390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000778798 01/11/08-80011-025 61.25
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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:  **1/08/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #