

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# N08000000700

Entity Name: PENTECOSTAL FAITH CATHEDRAL, INC.

Current Principal Place of Business:

2677 NW 24TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2677 NW 24TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 26-1807037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, ROBERT E
2677 NW 24TH STREET
FORT LAUDERDALE, FL 33311 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: BELL, ROBERT E
Address: 2677 NW 24TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP () Delete
Name: BELL, FRANCES L
Address: 2677 NW 24TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SEC () Delete
Name: BELL, MOZETTA
Address: P.O. BOX 1543
City-St-Zip: MOORE HAVEN, FL 33471

Title: ASST () Delete
Name: HALLBACK, EDDIE
Address: PO BOX 1123
City-St-Zip: MOORE HAVEN, FL 33471

Title: ASST () Delete
Name: LEWIS, VINCENT
Address: PO BOX 533
City-St-Zip: MOORE HAVEN, FL 33471

Title: ASST () Delete
Name: REESE, GLORIA
Address: 501 AVENUE H
City-St-Zip: MOORE HAVEN, FL 33471

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: () Change () Addition
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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: ROBERT E BELL

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date