

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000700

FILED  
Jan 29, 2011  
Secretary of State

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E BELL

P

01/29/2011

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

\_\_\_\_\_  
Date