

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2005  
Secretary of State**

DOCUMENT# N23068

Entity Name: PENTECOSTAL TRINITY CHURCH, INC.

**Current Principal Place of Business:**

13650 S.W. 91ST PLACE  
DUNNELLON, FL 34432 US

**New Principal Place of Business:**

**Current Mailing Address:**

13650 S.W. 91ST PLACE  
DUNNELLON, FL 34432 US

**New Mailing Address:**

FEI Number: 59-2874832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NEW, DENNIS  
13650 S.W. 91ST PLACE  
DUNNELLON, FL 34432 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: PD ( ) Delete  
Name: NEW, DENNIS,  
Address: 13650 S.W. 91ST PLACE  
City-St-Zip: DUNNELLON, FL

Title: VD ( ) Delete  
Name: LOPP, KENNETH,  
Address: 589 N LOPP POINT  
City-St-Zip: LECANTO, FL

Title: SD ( ) Delete  
Name: NEW, PATRICIA LEE,  
Address: 13650 S.W. 91ST PLACE  
City-St-Zip: DUNNELLON, FL

Title: TD ( ) Delete  
Name: LOPP, MARY,  
Address: 589 N LOPP POINT  
City-St-Zip: LECANTO, FL

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS NEW

PD

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date