


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N23068
 1. Entity Name
PENTECOSTAL TRINITY CHURCH, INC.



Principal Place of Business Mailing Address
13650 S.W. 91ST PLACE **13650 S.W. 91ST PLACE**
DUNNELLON FL 34432 **DUNNELLON FL 34432**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2874832** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent
NEW, DENNIS
13650 S.W. 91ST PLACE
DUNNELLON FL 34432

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEW, DENNIS	
STREET ADDRESS	13650 S.W. 91ST PLACE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPP, KENNETH	
STREET ADDRESS	589 N LOPP POINT	
CITY-ST-ZIP	LECANTO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEW, PATRICIA LEE	
STREET ADDRESS	13650 S.W. 91ST PLACE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPP, MARY	
STREET ADDRESS	589 N LOPP POINT	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000412090
 02/10/06-80034-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____