


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 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 US DUNNELLON, FL 34432 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2874832	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
 NEW, DENNIS
 13650 S.W. 91ST PLACE
 DUNNELLON, FL 34432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEW, DENNIS 13650 S.W. 91ST PLACE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPP, KENNETH 589 N LOPP POINT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEW, PATRICIA LEE 13650 S.W. 91ST PLACE DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPP, MARY 589 N LOPP POINT LECANTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/08-80002-004 70.00

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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: Dennis R New, Dennis R New 2-11-08 352-489-0270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #