

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90030 020 \*\*\*\*70.00

**DOCUMENT # N45012**

1. Entity Name  
**PENTECOSTAL COUNCIL HIGHWAY TO HEAVEN, INC.**



Principal Place of Business  
**5467 NW 24TH STREET  
OKEECHOBEE, FL 34974 US**

Mailing Address  
**3503 SW 20TH ST.  
OKEECHOBEE, FL 34974 US**

**5006A031**



2. Principal Place of Business

**3901 Kennelworth Blvd.**

3. Mailing Address

**Same**

08232005 Chg-NP CR2E037 (10/03)

City & State

**Sebring, FL**

City & State

**Same**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

Zip  
**3870**

Zip

Country

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

6. Name and Address of Current Registered Agent

**MORALES, WILSON REV.  
5467 NW 24TH STREET  
OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent

Name **Morales, Wilson Rev.**

Street Address (P.O. Box Number is Not Acceptable)  
**3901 Kennelworth Blvd.**

City **Sebring** **FL** Zip Code **3870**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 7, 2005

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 ☐ Delete  
NAME **APONTE, EFRAIN**  
STREET ADDRESS **3503 SW 20TH ST**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE S ☐ Delete  
NAME **ROSA, CARDONA**  
STREET ADDRESS **210 NW 12TH ST**  
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE D ☒ Delete  
NAME **APONTE, MARIA GERAEL**  
STREET ADDRESS **3503 SW 20TH ST**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE T ☒ Delete  
NAME **GONZALEZ, MAYDA**  
STREET ADDRESS **909 SW 2ND ST**  
CITY-ST-ZIP **OKEECHOBEE, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Same**

TITLE ☒ Change ☐ Addition  
NAME **Rosa Cardona**  
STREET ADDRESS **3460 Lake Haven Blvd.**  
CITY-ST-ZIP **Sebring, FL 33785**

TITLE ☒ Change ☐ Addition  
NAME **Mayda Gonzalez**  
STREET ADDRESS **909 SW 2nd St**  
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☒ Change ☐ Addition  
NAME **Manuel Rodriguez**  
STREET ADDRESS **102 Citroen Dr.**  
CITY-ST-ZIP **Sebring, FL 33782**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:)

**Efrain Aponte**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/25/05 (863) 697-1351**

Date Daytime Phone #