

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90272 001 \*\*\*\*\*8.75  
03-05-2007 90272 002 \*\*\*\*\*61.25

<b>DOCUMENT # N45275</b> 1. Entity Name <b>PENTACOSTAL BELIVERS OF THE COMING OF CHRIST INC.</b>			
Principal Place of Business <b>2614 AMIEL ST. FORT WHITE FL 32038</b>		Mailing Address <b>PO BOX 14 FORT WHITE FL 32038 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2614 Amiel St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 14</b> Suite, Apt. #, etc.	
City & State <b>Fort white Fla</b>		City & State <b>Fort white</b>	
Zip <b>32038</b>		Zip <b>32038</b>	
Country <b>Columbia</b>		Country <b>Columbia</b>	
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>BRYANT, ROSA LEE 139 SW WINONA GLN STREET FORT WHITE FL 32038</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Rosa Bryant</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, ROSA LEE 1625 WEST JORDAN STREET FORT WHITE FL 32038	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, JOHNNY B. P.O. BOX 14 N/A FORT WHITE FL 32038	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, IRENE P.O. BOX 14 N/A FORT WHITE FL 32038	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRD, YOLANDA P.O. BOX 7 N/A FORT WHITE FL 32038	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)	



1st MOORE CR2E037 (10/06)

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:** *Rosa Bryant* **2-22-07 497-4431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #