2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 14, 2008 8:00 am **Secretary of State** DOCUMENT # N45275 1. Entity Name 03-14-2008 90041 019 ****70.00 PENTACOSTAL BELIVERS OF THE COMING OF CHRIST INC. Principal Place of Business Mailing Address 2614 AMIEL ST. FORT WHITE FL 32038 PO BOX 14 FORT WHITE FL 32038 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYANT, ROSA-LEE 139 SW WINONA GLN STREET Street A Box Number is Not Acceptable) FORT WHITE FL 32038 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. FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE □ Delete ☐ Change ☐ Addition BRYANT, ROSA LEE NAME NAME 1625 WEST JORDAN STREET STREET ADDRESS STREET ADDFESS FORT WHITE FL 32038 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition BRYANT, JOHNNY B. MARKE NAME Death P.O. BOX 14 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WHITE FL 32038 CITY-ST-ZIP VD TITLE TITLE 🔲 Delete Change Addition TAYLOR, IRENE NAME NAME STREET ADDRESS PO BOX 744 STREET ADDRESS FORT WHITE FL 32038 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change C Addition BYRD, YOLANDA NAME NAME P.O. BOX 7 N/A STREET ADDRESS STREET ADDRESS FORT WHITE FL 32038 CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete ☐ Change TITLE DEF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZP TOTLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

3-2-08