

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50561

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIATION, INC.

**Current Principal Place of Business:**

140 NW 163 ST..  
APT 4  
NORTH MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

140 NW 163 ST..  
APT 4  
NORTH MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 65-0356310      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROMAN, GILDA  
140 N.W 163 ST.  
APT 4  
NORTH MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROMAN, GILDA  
Address: 140 NW 163 ST APT 4  
City-St-Zip: NORTH MIAMI, FL 33169

Title: VD ( ) Delete  
Name: SANTANA, GEORGE A  
Address: 605 NE 163 ST  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: TD ( ) Delete  
Name: PERDOMO, NERYS M  
Address: 115 NW 202ND TERR, APT 113  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: VENERNDA, PIERRE A  
Address: 605 NE 163 ST.  
City-St-Zip: N MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA ROMAN

PD

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date