

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N93000002640		
1. Entity Name PENTECOSTAL REFUGE TEMPLE OF JESUS CHRIST, INC.		

Principal Place of Business 14430 NE 14TH AVE NORTH MIAMI, FL 33161	Mailing Address 14430 NE 14TH AVE NORTH MIAMI, FL 33161
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FILED

04 SEP 28 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business <i>Pentecostal Refuge Temple</i>	3. Mailing Address <i>144030 N.E. 14<sup>th</sup> Ave</i>
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Suite, Apt. #, etc. 7	Suite, Apt. #, etc.
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City & State <i>Miami, Fl 33161</i>	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'CONNOR, LLOYD 1446 NE 146 STREET NORTH MIAMI, FL 33161		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

09092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0416162**

Applied For  
Not Applicable

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

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

*Lloyd O'Connor*

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

(NOTE: Registered Agent signature required when reinstated)

DATE

*09/21/04*

**Filing Fee is \$61.25  
Due by September 8, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, B 14428 NE 14 AVE NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>800041637809</b> 10/06/04-01024-014 ***83.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNOR, ZONA 1446 NE 146TH AVE NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, V 14428 NE 14 AVE NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNOR, DINKINISH 1446 NE 146TH AVE NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, ERROL 14428 NE 14TH AVE N MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, FLORY B 14428 NE 14TH AVE N MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lloyd O'Connor* / *Lloyd O'Connor* / *09/21/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #