



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002640 1. Entity Name PENTECOSTAL REFUGE TEMPLE OF JESUS CHRIST, INC.				FILED 04 SEP 28 PM 4:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14430 NE 14TH AVE NORTH MIAMI, FL 33161		Mailing Address 14430 NE 14TH AVE NORTH MIAMI, FL 33161			
2. Principal Place of Business Pentecosta Refuge Temple Suite, Apt. #, etc.		3. Mailing Address 144030 N.E. 14th Ave Suite, Apt. #, etc.			
City & State Miami Fla. 33161		City & State		4. FEI Number 65-0416162	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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		
			FL 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>Lloyd O'Connor</u> 09/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800041637808 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Lloyd O'Connor</u> / <u>Lloyd O'CONNOR</u> / <u>09/21/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					