2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002640

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

Principal Place of Business	Mailing Address
PENTECOSTAL REFUGE TEMPLE MIAMI, FL 33161	14403O N.E. 14TH AVE NORTH MIAMI, FL 33161

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03172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0416162

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, LLOYD
1446 NE 146 STREET
NORTH MIAMI, FL 33161

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000475983
04/05/06-80038-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	THOMAS, B
STREET ADDRESS	14428 NE 14 AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	V
NAME	O'CONNOR, ZONA
STREET ADDRESS	1446 NE 146TH AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	PD
NAME	THOMAS, V
STREET ADDRESS	14428 NE 14 AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	T
NAME	O'CONNOR, DINKINISH
STREET ADDRESS	1446 NE 146TH AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	D
NAME	O'CONNOR, ERROL
STREET ADDRESS	14428 NE 14TH AVE
CITY-ST-ZIP	N MIAMI, FL
TITLE	D
NAME	MCKENZIE, FLORY B
STREET ADDRESS	14428 NE 14TH AVE
CITY-ST-ZIP	N MIAMI, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3/17/06 786-333-5066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #