

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 10, 2009
Secretary of State

DOCUMENT# N95000003792

Entity Name: PENTECOSTAL APOSTOLIC CHURCH, INC.**Current Principal Place of Business:**2865 JUPITER BLVD
PALM BAY, FL 32909 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 100616
PALM BAY, FL 32910 US**New Mailing Address:****FEI Number:** 59-3114455**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MELBOURNE, ARCHIBALD A
521 CAROL DR. N.E.
PALM BAY, FL 32907 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: MELBOURNE, ARCHIBALD A
Address: 521 CAROL DR NE
City-St-Zip: PALM BAY, FL 32907**Title:** VD () Delete
Name: LINDSAY, DAVID M
Address: 1965 SNAPDRAGON DRIVE
City-St-Zip: PALM BAY, FL 32907**Title:** TD () Delete
Name: DRAKES, JOCELYN
Address: 1291 SAXONY ROAD
City-St-Zip: PALM BAY, FL 32908**Title:** D () Delete
Name: BECKFORD, MATTHEW D
Address: 1631 JINN COURT
City-St-Zip: PALM BAY, FL 32909**Title:** D () Delete
Name: CARLSON, JOHN
Address: 1733 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: REDWOOD, ESMIE
Address: 1287 MARIPOSA DRIVE
City-St-Zip: PALM BAY, FL 32905**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: CRANSTON, CLISTON A
Address: 1255 ASHBORO CIRCLE SE
City-St-Zip: PALM BAY, FL 32909

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: PASTOR/ARCHIBALD MELBOURNE

MR.

03/10/2009

Electronic Signature of Signing Officer or Director

Date