

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001448

FILED
Apr 29, 2009
Secretary of State

Entity Name: PENTECOSTAL TEMPLE CHURCH OF GOD IN CHRIST, INC. OF PENSACOLA

Current Principal Place of Business:

6550 NORTH PALAFOX ST.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

PO BOX 19033
PENSACOLA, FL 32523

New Mailing Address:

FEI Number: 59-2368294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, JOHN D SR
8346 SUNNY ACRES LANE
PENSACOLA, FL 32514 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: YOUNG, JOHN D SR
Address: 8346 SUNNY ACRES LANE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: LEWIS, WILHELMINA
Address: 4600 TWIN OAKS DR., APT 911
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: YOUNG, LARRY J
Address: 4495 CESSNOCK DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: YOUNG, DORIS
Address: 8346 SUNNY LANE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LEWIS, WILHELMINA
Address: 4600 TWIN OAKS DR., APT 911
City-St-Zip: PENSACOLA, FL 32506

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: TREASURY/LARRY J. YOUNG

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04/29/2009

Electronic Signature of Signing Officer or Director

Date