

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90044 012 ****75.00

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1. Entity Name
**PENTECOST CHURCH OF OUTREACH AND MINISTRIES,
INC.**



Principal Place of Business
**10705 SW 216TH ST
STE 213B
GOULDS, FL 33170 US**

Mailing Address
**10705 SW 216TH ST
STE 213B
GOULDS, FL 33170 US**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-0045664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIELS, CLARA M
10730 SW 217 ST
ASSISTANT PASTOR
GOULDS, FL 33170**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANIELS, CLARA M 10730 SW 217 ST GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, MARTHA 1201 NE 12TH AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, JACK 30721 SW 158TH AVE HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LATHAN, JESSIE L 11971 SW 214TH ST GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUTLER, HAZEL 19373 SW 115 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOTT, BESSIE 30721 SW 158 AVE HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #