

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90017 038 \*\*\*\*74.75



**DOCUMENT # N96000001608**

1. Entity Name

**PENTECOST CHURCH OF OUTREACH AND MINISTRIES, INC.**

Principal Place of Business

Mailing Address

10705 SW 216TH ST  
STE 213B  
GOULDS FL 33170  
US

10705 SW 216TH ST  
STE 213B  
GOULDS FL 33170  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-0045664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DANIELS, CLARA M  
STREET ADDRESS 10730 SW 217 ST  
CITY- ST- ZIP GOULDS FL 33170

TITLE D ☐ Delete  
NAME WRIGHT, MARTHA  
STREET ADDRESS 1201 NE 12TH AVE  
CITY- ST- ZIP HOMESTEAD FL 33030

TITLE D ☐ Delete  
NAME SCOTT, JACK  
STREET ADDRESS 30721 SW 156TH AVE  
CITY- ST- ZIP HOMESTEAD FL 33033

TITLE D ☐ Delete  
NAME LATHAN, JESSIE L  
STREET ADDRESS 11971 SW 214TH ST  
CITY- ST- ZIP GOULDS FL 33170

TITLE D ☐ Delete  
NAME TUTLER, HAZEL  
STREET ADDRESS 19373 SW 115 AVE  
CITY- ST- ZIP MIAMI FL 33157

TITLE S ☐ Delete  
NAME SCOTT, BESSIE  
STREET ADDRESS 30721 SW 158 AVE  
CITY- ST- ZIP HOMESTEAD FL 33033

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Clara Daniels*

Clara Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07 (305) 233-4235

Date Daytime Phone #