


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90026 037 \*\*\*\*61.25

<b>DOCUMENT # N96000005185</b>		
1. Entity Name <b>59TH ST. PENTECOSTAL CHURCH OF GOD INC</b>		
Principal Place of Business <b>2295 NW 59 ST MIAMI FL 33142 US</b>		Mailing Address <b>1206 N.W. 65TH ST MIAMI FL 33147 US</b>
2. Principal Place of Business - No P.O. Box # <b>SAME</b>		3. Mailing Address <b>4603 N.W. 11 Ave</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E037 (10/07)

City & State <b>MIAMI FLA</b>		City & State		4. FEI Number <b>65-0741850</b>	Applied For <input type="checkbox"/>
Zip <b>33127</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>THORNTON, JR., ROBERT BISHOP 2295 N.W. 59 ST MIAMI FL 33142</b>			7. Name and Address of New Registered Agent		
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 *Bishop Robert Thornton Jr.* **3-04-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>B</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THORNTON, ROBERT JR.</b>			NAME			
STREET ADDRESS	<b>4603 N.W. 11 AVENUE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33127</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLAMSON, GARLAND</b>			NAME			
STREET ADDRESS	<b>777 NW 151 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33169</b>			CITY-ST-ZIP			
TITLE	<b>E</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THORNTON, KEITH</b>			NAME			
STREET ADDRESS	<b>2101 NW 178 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33056</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMAS, HENRY</b>			NAME			
STREET ADDRESS	<b>1206 N.W. 65 STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33147</b>			CITY-ST-ZIP			
TITLE	<b>E</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CONEY, STEVEN</b>			NAME			
STREET ADDRESS	<b>20561 N.W. 30 COURT</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI GARDENS FL 33056</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Bishop Robert Thornton Jr.* **03-04-08** **305-691-1346**