2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N97000000355

Entity Name: PENTECOSTAL MINISTRIES, INC.

Current Principal Place of Business:

WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

WEST BAYLOOP ROAD
P.O. BOX 638
FREEPORT, FL 32439

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLTON, CHARLES M SR.
8437 EASTWOOD AVE.
YOUNGSTOWN, FL 32466 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: CARLTON, CHARLES M SR.
Address: 8437 EASTWOOD AVE.
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D ( ) Delete
Name: REEVES, ROBERT
Address: P.O. BOX 582
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete
Name: CASEY, SAMMY
Address: PO BOX 74
City-St-Zip: EBRO, FL 32437

Title: D ( ) Delete
Name: CALHOUN, STEVE
Address: 1626 BLACK CREEK BVLD
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete
Name: MITCHELL, KEN
Address: 565 BLACKCREEK BLVD.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES M. CARLTON SR. PD 04/07/2005
Electronic Signature of Signing Officer or Director — Date