2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N97000001067

Entity Name: PENTECOSTAL TABERNACLE INTERNATIONAL, INC.

Current Principal Place of Business:

18415 NW 7 AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18415 NW 7TH AVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0696000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYDNEY, ROBERT S
1271 NW 175 TERRACE
MIAMI, FL 33169 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:	D	( ) Delete
Name:	WILLIAMS, NEVILLE	
Address:	10210 SW 168TH ST	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	MILLER, LEONARD	
Address:	9541 NW 32 CT	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	CLARKE, VIN	
Address:	10260 SW 12 ST	
City-St-Zip:	PEMBROKE PINES, FL	
Title:	S	( ) Delete
Name:	MILLER, WINSTON	
Address:	1040 SW 100 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	P	( ) Delete
Name:	STEWART, SYDNEY R	
Address:	1271 NW 175 TERR	
City-St-Zip:	MIAMI, FL	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CARTY, LINZEL MR	
Address:	6402 RENWICK CIRCLE	
City-St-Zip:	TAMPA, FL 33647	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	MARK, JONES MR.	
Address:	4729 POSEIDON PLACE	
City-St-Zip:	LAKE WORTH, FL 33063 US	

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: MICHELLE THOMPSON D 04/21/2005

Electronic Signature of Signing Officer or Director — Date