

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002548</b>					
<b>1. Entity Name</b> PENTECOSTAL POWER AND PRAISE WORSHIP CENTER FOR ALL PEOPLE, INC.					
<b>Principal Place of Business</b> C/O PASTOR WILFRED G. RIGBY 3372 NW 194TH ST CAROL CITY FL 33056 US			<b>Mailing Address</b> C/O PASTOR WILFRED G. RIGBY 3372 NW 194TH ST CAROL CITY FL 33056 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0756919	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, VERNITA C 9970 NW 51ST LANE MIAMI FL 33178				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>					
<b>SIGNATURE</b> _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when terminating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGBY, WILFRED G. 3372 NW 194TH ST CAROL CITY FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100007465989 03/22/06-80057-014 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIGBY, PATSY A 3372 NW 194TH ST CAROL CITY FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EARNEST JR 1911 NW 184 ST CAROL CITY FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, ELVECIA O 1321 NE 210TH TERR MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, HEZEKIA O 1321 NE 210TH TERR MIAMI FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DANIEL 491 SHARAR AVE #8 OPA LOCKA FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

**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** *Wilfred G. Rigby* *3/16/06* *705-626-9134*