

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000687**

1. Entity Name  
**PINE GROVE NATIONAL CHURCH OF GOD, INC.**



Principal Place of Business  
**4629 SUNRISE BLVD.  
DELRAY BEACH, FL 33444**

Mailing Address  
**4629 SUNRISE BLVD.  
DELRAY BEACH, FL 33444**



03262006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-1102880**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**RAMSEY, RUPERT BISHOP  
4629 SUNRISE BLVD.  
DELRAY BEACH, FL 33444**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RAMSEY, RUPERT BISHOP  
4629 SUNRISE BLVD.  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
RAMSEY, DANIEL ELDER  
3029 ANGLER DRIVE  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PALMER, HORTENSE  
210 S.W. 8TH AVENUE  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RAMSEY, TYRONE  
2543 ANGLER DRIVE  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000484800  
04/12/06-80058-000 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Rupert Ramsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/06* *561-638-6648*  
Date Daytime Phone