

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 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**



03252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1102880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80061-005 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/07**  
Date

**561-638-6648**  
Daytime Phone #