## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001382

Title:

Name:

Address:

City-St-Zip:

Apr 22, 2004 Secretary of State

Entity Name: PILLAR OF TRUTH BAPTIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 6950 ROYAL PALM BLVD. MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 1551 NW 64TH AVE MARGATE, FL 33063 FEI Number: 65-0813877 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBSEN, MARK A 1551 NW 64TH AVE. MARGATE, FL 33063 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JACOBSEN, MARK A Name: Name: Address: 1551 NW 64TH AVE. Address: MARGATE, FL 33063 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: PAUL, RAMEAU Name: PAUL, RAMEAU Address: 4125 CORAL SPRINGS DRIVE Address: 8221 NW 53 ST. City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip: TAMARAC, FL 33351 Title: () Delete Title: () Change () Addition TOUSSAINT, JEAN Name: Name: 3278 NW 104 AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33065 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK A JACOBSEN D 04/22/2004

() Delete

FORT LAUDERDALE, FL 33304

JEAN, ZACHEA S

600 NE 5 AVE APT G

() Change () Addition