

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001382

FILED
May 01, 2007
Secretary of State

Entity Name: PILLAR OF TRUTH BAPTIST CHURCH, INC.

Current Principal Place of Business:

6950 ROYAL PALM BLVD.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1551 NW 64TH AVE.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0813877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JACOBSEN, MARK A
1551 NW 64TH AVE.
MARGATE, FL 33063 US

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: JACOBSEN, MARK A
Address: 1551 NW 64TH AVE.
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: PAUL, RAMEAU
Address: 8221 NW 53 ST.
City-St-Zip: TAMARAC, FL 33351

Title: T () Delete
Name: TOUSSAINT, JEAN
Address: 3278 NW 104 AVENUE
City-St-Zip: POMPANO BEACH, FL 33065

Title: T (X) Delete
Name: SAINT JEAN, ZACHÉE
Address: 330 NW 48 TERR.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK JACOBSEN

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date