2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001858

FILED Feb 14, 2005 Secretary of State

Entity Name: PENTECOSTAL GOSPEL TEMPLE MINISTRIES, INC.

Current Principal Place of Business:					New Principal Place of Business:				
	H STATE RO	AD 7							
10 MARGATE,	, FL 33068	US							
Current Mailing Address:					New Mailing Address:				
	H STATE RO	AD 7							
10 MARGATE,	, FL 33068	US							
FEI Number:	65-0823983	FEI Number App	olied For ()	FEI Num	nber Not Appl	icable ()	Certificat	te of Status Des	ired (X)
Name and	Address of	Current Registe	red Agent:		Name and	Address of	New Regi	istered Agent	:
MURRAY, DESMOND 4133 NW 67TH TERRACE CORAL SPRINGS, FL 33067 US					MURRAY, DESMOND 767 SOUTH STATE RD 7 15 MARGATE, FL 33068 US				
The above in the State		submits this state	ement for the pur	pose of				egistered ager	it, or both,
SIGNATURE:							02	2/14/2005	
	Electro	nic Signature of F	Registered Agent	t			I	Date	
OFFICERS AND DIRECTORS:					${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	MURRAY, MAR 4133 NW 67TH				Title: Name: Address: City-St-Zip:	PD (MURRAY, MA 767 SOUTH S MARGATE, FI	STATE RD 7) Addition	
Title: Name: Address: City-St-Zip:	MURRAY, DES 4133 NW 67 T				Title: Name: Address: City-St-Zip:	PCD (MURRAY, DE 767 SOUTH S MARGATE, FI	STATE RD 7) Addition	
Title: Name: Address: City-St-Zip:	BAILEY, COLL	VENUE APT 410			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	SD (MURRAY, CAF 7442 NW 49TH LAUDERHILL,	H STREET			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DT (MURRAY, GU\ 7442 NW 49TH LAUDERHILL,	H STREET			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MITCHELL, JE 821 S.W. 39 A				Title: Name: Address: City-St-Zip:	() Change() Addition	

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.

SIGNATURE: MARLENE MURRAY PD 02/14/2005