

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001858

FILED
Apr 12, 2007
Secretary of State

Entity Name: PENTECOSTAL GOSPEL TEMPLE MINISTRIES, INC.

Current Principal Place of Business:

441 SOUTH STATE ROAD 7
10
MARGATE, FL 33068 US

New Principal Place of Business:

900 SOUTH STATE ROAD 7
MARGATE, FL 33068 US

Current Mailing Address:

441 SOUTH STATE ROAD 7
10
MARGATE, FL 33068 US

New Mailing Address:

900 SOUTH STATE ROAD 7
MARGATE, FL 33068 US

FEI Number: 65-0823983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, DESMOND
767 SOUTH STATE RD 7
15
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: MURRAY, MARLENE
Address: 767 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068

Title: PCD () Delete
Name: MURRAY, DESMOND
Address: 767 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068

Title: DS () Delete
Name: BAILEY, COLLEEN
Address: 2451 NW 41 AVENUE APT 410
City-St-Zip: LAUDERHILL, FL 33313

Title: SD () Delete
Name: MURRAY, CARMITA
Address: 7442 NW 49TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: DT () Delete
Name: MURRAY, GUY
Address: 7442 NW 49TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: MITCHELL, JENNIFER
Address: 821 S.W. 39 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURRAY, MARLENE
Address: 900 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068

Title: PCD (X) Change () Addition
Name: MURRAY, DESMOND
Address: 900 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068

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 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: MARLENE MURRAY

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date