

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006816

FILED
Mar 04, 2009
Secretary of State

Entity Name: PENTECOSTAL COMMUNITY SERVICE CENTER #1, INC.

Current Principal Place of Business:

2610 NORTHWEST 8TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2610 NORTHWEST 8TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0880655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ARTHUR
224 SW 22 AVE
FORT LAUDERDALE, FL 33312 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: VD () Delete
Name: POWELL, SCOTT
Address: 732 N.W 19 TERR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PD () Delete
Name: KEMP, VIRGA
Address: 3011 N.W. 8TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: WILLIAMS, BETTY J
Address: 2741 NW 25 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: NEELEY, ORMAND
Address: 2061 NW 28 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: HANKERSON, JOHN W
Address: 1618 NW 13 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: HARLEY, ELLA
Address: 2510 NW 31 AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

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
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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: VIRGA KEMP

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date