2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2005 08:00 AM DOCUMENT # N99000001438 **Secretary of State** THE PENTICOSTAL CHURCH OF THE MOST HIGH GOD. INC. Mailing Address Principal Place of Business 2110 N.W. 47 TERR. LAUDERHILL FL 33313 2110 N.W. 47 TERR, LAUDERHILL FL 33313 rincipal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 65-0908816 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALLENDER, NATHANIEL C 2110 N.W. 47 TERR. Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33313 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE Change ☐ Addition CALLENDER, NATHANIEL C NAME NAME U00000240877 2110 N.W. 47 TERR. STREET ADDRESS STREET ADDRESS 02/24/05-80019-023 61.25 LAUDERHILL FL 33313 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition BALFOUR, ANISHKA NAME NAME 3610 NW 21 ST APT 413 STREET ADDRESS STREET ADDRESS LAUDERDALE LAKES FL 33313 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE THIF WILLIAMS, ROSEMARY NAME NAME STREET ADDRESS 1761 NW 48 AVE, D-102 STREET ADDRESS FORT LAUDERDÄLE FL 33313 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE HILE Addition ☐. Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-31P TITLE ☐ Delete TOTE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY+S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

- FILED