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

Feb 21, 2005 08:00 AM Secretary of State DOCUMENT # P11313 1. Entity Name THE PENTECOSTAL CHURCH OF GOD, INC. Mailing Address Principal Place of Business P.O. BOX 392 WINTER HAVEN FL 33882 P.O. BOX 392 WINTER HAVEN FL 33882 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2375694 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAWLS, CURTIS 5135 NESMITH ROAD Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33567 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 \$5,00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change Addition ☐ Delete THIE TITLE DUREN, WILLIAM NAME NAME 20793 REIMANVILLE STREET ADDRESS STREET ADDRESS FERNDALE MI CITY-ST-ZIP CHEY-ST-7IP Change Addition Delete TITLE TITLE SHELL, MADISON NAME U00000238344 15909 COYLE AVE. 02/21/05-80095-012 70.00 STREET ADDRESS STREET ADDRESS DETROIT MI CITY - ST - ZIP CHY-ST-7IP ☐ Change Delete TITLE Addition GILLIAM, JUNIOR NAME MAME 16212 SAN JUAN AVE. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DETROIT MI Change Addition MLE Delele TITLE RAWLS, CURTIS NAME NAME 5135 NESMITH RD STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-ZIP CITY - ST - ZIP Delete THE ☐ Change Addition THILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Change Addition me HH ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-719 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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

2-16-05