

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004141

**Entity Name:** CHURCH OF GOD OF PEMBROKE PINES, INC

**Current Principal Place of Business:**

10777 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

P.O. BOX 822867  
PEMBROKE PINES, FL 33082 US

**FEI Number: 82-5218401**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MALCOLM, GLENFORD B PASTOR  
10777 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025 US

**FILED**  
**Mar 11, 2022**  
**Secretary of State**  
**9227092463CC**

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MALCOLM, GLENFORD B  
Address        P.O. BOX 822867  
City-State-Zip: PEMBROKE PINES FL 33082

Title            TRUS  
Name            MASTERS, GRAEME  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

Title            TRUS  
Name            NATHANIEL, IAN  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

Title            TRUS  
Name            LEE, DELFERD R  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

Title            DIRECTOR  
Name            CAMPBELL, TONYA  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

Title            DIRECTOR  
Name            MARQUEZ, CRISTIAN  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

Title            OFFICER, VP  
Name            MALCOLM , PAULETTE  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

Title            DIRECTOR, ASST. SECRETARY  
Name            CASTILLO, MERARY ESTHER  
Address        10777 PEMBROKE ROAD  
City-State-Zip: PEMBROKE PINES FL 33025

*I hereby 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 all other like empowered.*

**SIGNATURE: BISHOP GLENFORD B. MALCOLM**

**SNR. PASTOR**

**03/11/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date