# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N97000001067

## Entity Name: PENTECOSTAL TABERNACLE INTERNATIONAL, INC.

#### **Current Principal Place of Business:**

18415 NW 7 AVE MIAMI, FL 33169

#### **Current Mailing Address:**

18415 NW 7 AVE MIAMI, FL 33169 US

# FEI Number: 65-0696000

### Name and Address of Current Registered Agent:

STEWART, SYDNEY R 5401 SW 130TH AVENUE MIRAMAR, FL 33027 US FILED Apr 27, 2022 Secretary of State 6287688328CC

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	D	Title	TREASURER
Name	AARONS, HOWARD MR	Name	THOMPSON, MICHELLE MRS
Address	6039 TRIP HAMMER ROAD	Address	4930 SW 163RD AVE
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	MIRAMAR FL 33027
Title	D	Title	Ρ
Name	HOLNESS, JANET MS	Name	STEWART, SYDNEY RMR
Address	19359 SW 24TH STREET	Address	1271 NW 175 TERR
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIAMI FL 33169
Title	D	Title	DIRECTOR
Title Name	D WILSON, CHRISTOPHER SMR.	Title Name	DIRECTOR WATSON, CONNIE
	-		
Name	WILSON, CHRISTOPHER SMR.	Name	WATSON, CONNIE
Name Address	WILSON, CHRISTOPHER SMR. 3337 NW 175TH TERRACE	Name Address	WATSON, CONNIE 11333 SW 17 COURT
Name Address City-State-Zip:	WILSON, CHRISTOPHER SMR. 3337 NW 175TH TERRACE MIRAMAR FL 33029	Name Address City-State-Zip:	WATSON, CONNIE 11333 SW 17 COURT MIRAMAR FL 33025
Name Address City-State-Zip: Title	WILSON, CHRISTOPHER SMR. 3337 NW 175TH TERRACE MIRAMAR FL 33029 DIRECTOR	Name Address City-State-Zip: Title	WATSON, CONNIE 11333 SW 17 COURT MIRAMAR FL 33025 DIRECTOR
Name Address City-State-Zip: Title Name	WILSON, CHRISTOPHER SMR. 3337 NW 175TH TERRACE MIRAMAR FL 33029 DIRECTOR CLARKE, ANN-MARIE	Name Address City-State-Zip: Title Name	WATSON, CONNIE 11333 SW 17 COURT MIRAMAR FL 33025 DIRECTOR PLUMMER, CHRISTOPHER 1317 NW 159 LANE

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: MICHELLE THOMPSON

TREASURER

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date