

**2021 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

**Certificate of Status Desired:** No

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

STEWART, SYDNEY R  
5401 SW 130TH AVENUE  
MIRAMAR, FL 33027 US

*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 D  
Name AARONS, HOWARD MR  
Address 6039 TRIP HAMMER ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER  
Name THOMPSON, MICHELLE MRS  
Address 4930 SW 163RD AVE  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name HOLNESS, JANET MS  
Address 19359 SW 24TH STREET  
City-State-Zip: MIRAMAR FL 33029

Title S  
Name MCNISH, LEXFORD MR  
Address 8210 NW 47 STREET  
City-State-Zip: LAUDERHILL FL 33351

Title P  
Name STEWART, SYDNEY RMR  
Address 1271 NW 175 TERR  
City-State-Zip: MIAMI FL 33169

Title D  
Name WILSON, CHRISTOPHER SMR.  
Address 3337 NW 175TH TERRACE  
City-State-Zip: MIRAMAR FL 33029

Title DIRECTOR  
Name WATSON, CONNIE  
Address 11333 SW 17 COURT  
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR  
Name CLARKE, ANN-MARIE  
Address 12963 SW 28 COURT  
City-State-Zip: MIRAMAR FL 33027

**Continues on page 2**

*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:** SYDNEY ROBERT STEWART

**PRESIDENT**

**04/28/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name            PLUMMER, CHRISTOPHER  
Address         1317 NW 159 LANE  
City-State-Zip:  PEMBROKE PINES FL 33028