


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90120 017 \*\*\*\*70.00

**DOCUMENT # 713695**  
 1. Entity Name  
 KENDALL CHURCH OF GOD, INC.



Principal Place of Business  
 8795 S.W. 112 STREET  
 MIAMI, FL 33176

Mailing Address  
 8795 S.W. 112 STREET  
 MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

10006110



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-1279748

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

COX, WINSOME  
 17704 S.W. 83 CT  
 MIAMI, FL 33157

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	COX, WINSOME	
STREET ADDRESS	17704 S.W. 83 CT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DALY, DON	
STREET ADDRESS	10761 S.W. 138 ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PORTER, ERNEST	
STREET ADDRESS	15230 S.W. 148 TERR	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GEORGES-PIERRE, ANTHONY	
STREET ADDRESS	12755 S.W. 104 TERR	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES KEPPIE	
STREET ADDRESS	13505 SW 103 COURT	
CITY-ST-ZIP	MIAMI FL 33176-6056	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOLA P. DUHANEY	
STREET ADDRESS	7961 SW 141 TERRACE	
CITY-ST-ZIP	PALMETTO BAY 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Winsome Cox WINSOME COX 305-274-3072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #