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

**FILED**
**Feb 23, 2005 8:00 am**
**Secretary of State**
02-23-2005 90079 009 ****70.00

50018492

1st MOORE CR2E037 (10/04)

DOCUMENT # 722621

1. Entity Name

HOUSE OF GOD THE PENTECOSTAL CHURCH OF THE LIVING GOD THE GATES OF HEAVEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 830 SW 4TH ST<br>HOMESTEAD FL 33030 | 10730 S.W. 218 ST.<br>GOULDS FL 33170<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2591056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

MORTIMER, MOTHER DAISY
10730 SW 218 ST.
GOULDS FL 33170

**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 _____
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**
**Due By May 1, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PB<br>WILLIAMS, BISHOP CHARLES<br>10720 SW 218 ST.<br>GOULDS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | E/D<br>Bailey, Milton<br>914 NW 3rd St.<br>Florida City, Fl 33034 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SRE<br>MORTIMER, DAISY<br>10730 S.W. 218 ST.<br>GOULDS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | A/T/D<br>Williams, Charlie<br>16624 SW 100 Court<br>Miami, Fl 33157 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>CALDWELL, LONNIE C.<br>995 NW 9 AVE.<br>FLORIDA CITY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SMD<br>CALDWELL, CHARLIE<br>995 NW 9 AVE<br>FLORIDA CITY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GMD<br>WILLIAMS, ANNIE S.<br>10720 S.W. 218 ST.<br>GOULDS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MAYO, JOE<br>13510 SW 226 ST<br>NARANJA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Mother Daisy Mortimer MOTHER DAISY MORTIMER 1/5/E (305) 251-0739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #