


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90057 029 \*\*\*\*61.25

**DOCUMENT # N00000001568**

1. Entity Name  
**THE CHURCH OF JESUS CHRIST ACCORDING TO ACTS 2:38, INC.**



Principal Place of Business  
 921 N.E. 131ST STREET  
 NORTH MIAMI BEACH, FL 33162

Mailing Address  
 951 N.E. 139 STREET  
 MIAMI, FL 33161

**40001746**



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

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

01052007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0986775**

Applied For  
 Not Applicable

Zip Country

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

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

**BUCHANAN, ALVIN**  
**951 NE 139TH STREET**  
**NO. MIAMI, FL 33161**

**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, 2007**

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	BUCHANAN, ALVIN	
STREET ADDRESS	951 N.E. 139 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, SYBIL	
STREET ADDRESS	951 N.E. 139 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, RACHEL	
STREET ADDRESS	1321 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DRAGON, AGATA	
STREET ADDRESS	1321 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33162	
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 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 **Pres.**

**SIGNATURE:** *Alvin Buchanan* **1-8-07** **305/893-5394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #