2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# N03000002044

Entity Name: SOUTH FLORIDA AND THE MIRAMAR ASSEMBLY OF BODY OF CHRIST, INC.

Current Principal Place of Business:

2390 SW 156 AVE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

1832 SW 156 AVE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 90-0112393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ST. LOUIS, WILFRID
1832 SW 156 AVE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ST. LOUIS, WILFRID
Address: 1832 SW 156 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete
Name: SERVIL, TERAMISE
Address: 1340 NE 204 ST
City-St-Zip: MIAMI, FL 33179

Title: T ( ) Delete
Name: JOSEPH, JUDINE
Address: 220 NE 162 ST
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete
Name: ST LOUIS, MARIE M
Address: 3600 SO. STATE RD 7 SUITE 253
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILFRID ST LOUIS P 08/20/2008

Electronic Signature of Signing Officer or Director — Date