

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29776

FILED  
May 31, 2005  
Secretary of State

**Entity Name:** THE ROYAL ASSEMBLY, KINGDOM OF ELOHIM, INC.

**Current Principal Place of Business:**

8267 NE 2ND AVE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

8267 NE 2ND AVE  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 65-0892455      **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:**

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

BARBARY, IRVING K PRESIDE  
145 N.W. 206 TERR.  
MIAMI, FL 33169      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BARBARY, PASTOR IRVI, NG KEITH  
Address: 145 N.W. 206 TERR  
City-St-Zip: MIAMI, FL 33169

Title: SD      ( ) Delete  
Name: BARBARY, TONIA,  
Address: 145 N.W. 206 TERR  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: FRANCE, JUANITA,  
Address: 2080 SHERMAN CT. N. APT. 205  
City-St-Zip: MIAMI, FL 33025

Title: CT      (X) Delete  
Name: FRANCE, MARCUS  
Address: 6070 N.W. 194 TERR.  
City-St-Zip: MIAMI, FL 33015

Title: ATCT      (X) Delete  
Name: HARRIS, CLAYTON A  
Address: 140 NW 206 TERR  
City-St-Zip: MIAMI, FL 33169

Title: VP      (X) Delete  
Name: WILSON, KIM  
Address: 646 LEWTON ST. SW  
City-St-Zip: ATLANTA, GA 30310

**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:

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 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 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: IRVING K BARBARY

P

05/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date