

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703566

FILED
Mar 07, 2007
Secretary of State

Entity Name: HIGHWAY CHRISTIAN CHURCH OF CHRIST OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

1603 N.W. 54 ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1603 N.W. 54 ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 05-0233400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, MOTHER THELMA
2371 N.W. 119TH ST. APT 114
MIAMI, FL 33167 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: TD () Delete
Name: WHITE, JACKQUELYN J
Address: 420 N.W. 214THST APT 102
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: PALMER, WHITE
Address: 420 N.W. 214TH ST. APT. 102
City-St-Zip: MIAMI, FL 33169

Title: PD () Delete
Name: WHITE, MOTHER THELMA,
Address: 2371 N.W. 119TH ST APT 114
City-St-Zip: MIAMI, FL 33167

Title: VP () Delete
Name: STREETER, ERNESTINE J
Address: 2371 N.W. 119TH ST APT 114
City-St-Zip: MIAMI, FL 33167

Title: T () Delete
Name: WALKER, ERNEST
Address: 2975 N.W. 92 ST.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WHITE, JACKQUELYN J
Address: P.O. BOX 3022
City-St-Zip: HALLANDALE, FL 33008

Title: T (X) Change () Addition
Name: BENDER, RICKY
Address: 2020 N.W. 1ST. AVENUE
City-St-Zip: MIAMI, FL 33127

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

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

Title: T (X) Change () Addition
Name: HICKS, LOULORIS
Address: 1250 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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: ERNESTINE STREETER

VP

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date