

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703566

FILED  
Feb 15, 2008  
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: P.O. BOX 3022  
City-St-Zip: HALLANDALE, FL 33008

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

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: HICKS, LOULORIS  
Address: 1250 N.W. 55TH STREET  
City-St-Zip: MIAMI, FL 33142

**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:

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: ERNESTINE STREETER

VP

02/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date