

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711344

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE CHURCH OF GOD, TRUE HOLINESS OF MIAMI, INC.

Current Principal Place of Business:

2260 NW 117TH ST
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

2260 NW 117TH ST
P.O. BOX 680580
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0030202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, MAMIE Y
2260 NW 117TH STREET
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: VD () Delete
Name: WILSON, JOHN W,
Address: 11334 NW 22ND AVE
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: WILSON, MAMIE YVONNE,
Address: 11434 NW 22ND AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WORTHAM, WALTER,
Address: 2260 NW 117TH ST
City-St-Zip: MIAMI, FL 33147,

Title: TD () Delete
Name: WILSON, MAMIE
Address: 6926 S. W. 4TH CT.
City-St-Zip: MIAMI, FL

Title: TRD () Delete
Name: WILSON, MAMIE
Address: 6926 SW 4TH CT
City-St-Zip: MIAMI, FL

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: MAMIE Y. WILSON

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date