

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90064 014 ****70.00

DOCUMENT # 712121

1. Entity Name

REFORMATION CHURCH OF GOD, INC.



Principal Place of Business

705 N.W. 15TH AVE.
FT. LAUDERDALE FL 33311-7930

Mailing Address

705 N.W. 15TH AVE.
FT. LAUDERDALE FL 33311-7930

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ELBERT SR
720 NW 15TH AVE
P O BOX 5426
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ELBERT SR.	
STREET ADDRESS	720 NW 15TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	ARTIS, ANDRE	
STREET ADDRESS	11315 NW 43 PL	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, MATTIE	
STREET ADDRESS	2853 NW 8 COURT	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDSON, THEODORE	
STREET ADDRESS	4701 N.W. 20TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOE W	
STREET ADDRESS	160 NW 46TH TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe W. Williams	
STREET ADDRESS	160 N.W. 46th Terr	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. Minnie Countryman	
STREET ADDRESS	5980 NW 21st	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mattie B Jackson

Date

Daytime Phone #

2/13/05