


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90068 037 *****70.00

DOCUMENT # 712926	
1. Entity Name	
THE ROYAL ASSEMBLY OF JESUS CHRIST PENTECOSTAL, INC.	

Principal Place of Business	Mailing Address
8313 NW 22 AVE MIAMI FL 33147 US	460 W. 25TH PLACE HIALEAH FL 33010-1335 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8650 N.W. 22 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
miami fl.	
Zip	Country
33147	US

1st MOORE CR2E037 (10/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0402355	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
MILES, RALPH F. 201 E. 2ND STREET HIALEAH FL 33010	
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JERIA	NAME	
STREET ADDRESS	18735 N.W. 32ND PLACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAG, MYRA	NAME	Tonique S. Brown
STREET ADDRESS	3314 NW 13TH AVE	STREET ADDRESS	270 N.W. 191st.
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	miami fl. 33169
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, VIRGINIA	NAME	
STREET ADDRESS	460 W. 25TH PLACE	STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PATRICIA	NAME	
STREET ADDRESS	18735 NW 32 PLACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, DELORIS J	NAME	
STREET ADDRESS	270 N.W. 191 ST.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X Jeria Johnson Jeria Johnson President 4-12-07 305 624-8198