

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 712926 1. Entity Name THE ROYAL ASSEMBLY OF JESUS CHRIST PENTECOSTAL, INC.					
Principal Place of Business 8650 N.W. 22 AVE MIAMI FL 33147 US			Mailing Address 460 W. 25TH PLACE HIALEAH FL 33010-1335 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0402355				Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent cannot be married with restrictions)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JERIA 18735 N.W. 32ND PLACE MIAMI FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MONIQUE S 270 N.W. 191 ST MIAMI FL 33169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSTON, VIRGINIA 460 W. 25TH PLACE HIALEAH FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PATRICIA 18735 NW 32 PLACE MIAMI FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, DELORIS J 270 N.W. 191 ST. MIAMI FL 33169	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			

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* 4-16-08 (305) 694-8198