

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90044 047 \*\*\*\*\*70.00

**DOCUMENT # 722621**

1. Entity Name

HOUSE OF GOD THE PENTECOSTAL CHURCH OF THE  
LIVING GOD THE GATES OF HEAVEN, INC.



Principal Place of Business

830 SW 4TH ST  
HOMESTEAD FL 33030

Mailing Address

10730 S.W. 218 ST.  
GOULDS FL 33170  
US

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 (10/05)

4. FEI Number

59-2591056

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTIMER, MOTHER DAISY  
10730 SW 218 ST.  
GOULDS FL 33170

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, 2006**

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 PB ☐ Delete  
NAME WILLIAMS, BISHOP CHARLES  
STREET ADDRESS 10720 SW 218 ST.  
CITY-ST-ZIP GOULDS FL

TITLE SRE ☐ Delete  
NAME MORTIMER, DAISY  
STREET ADDRESS 10730 S.W. 218 ST.  
CITY-ST-ZIP GOULDS FL

TITLE CD ☐ Delete  
NAME CALDWELL, LONNIE C.  
STREET ADDRESS 995 NW 9 AVE.  
CITY-ST-ZIP FLORIDA CITY FL

TITLE SMD ☐ Delete  
NAME CALDWELL, CHARLIE  
STREET ADDRESS 995 NW 9 AVE  
CITY-ST-ZIP FLORIDA CITY FL

TITLE GMD ☐ Delete  
NAME WILLIAMS, ANNIE S.  
STREET ADDRESS 10720 S.W. 218 ST.  
CITY-ST-ZIP GOULDS FL

TITLE T ☐ Delete  
NAME MAYO, JOE  
STREET ADDRESS 13510 SW 226 ST  
CITY-ST-ZIP NARANJA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE E/PD ☐ Change ☒ Addition  
NAME BAILEY, MILTON D.  
STREET ADDRESS 914 NW 3. ST  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE A/T/P ☐ Change ☒ Addition  
NAME WILLIAMS, CHARLIE  
STREET ADDRESS 16624 SW 100 CT  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Mother Daisy Mortimer - SRE* 1/15/06 305-351-0739