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

## **DOCUMENT # 722621**

13510 SW 226 ST

NARANJA FL

STREET ADDRESS

CHY-ST-ZIP

1. Entity Name



**FILED** Feb 14, 2008 08:00 Al

	OF GOD THE PENTECOSTA OD THE GATES OF HEAV				Secret	ary o	f State
Principal Piace of Business		Mailing Address					
830 SW 4TH ST HOMESTEAD FL 33030		10730 S.W. 218 ST. GOULDS FL 33170 US					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			0 11691 1191 E3911 B1011 I	אנם ווטוט נושום ווטוו	
Suite, Apt. #. etc		Suitu, Apt. #, etc.		1st MOORE CR2E037 (10/07)			
Cily & State		City & State		4. FEI Number			·
Zip	Country	Zip	Country	5. Certificate of Status Desire	ed 🔀	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
MORTIMER, MOTHER DAISY 10730 SW 218 ST. GOULDS FL 33170			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Codi	e
SIGNATURE	ions of registered agent. Signature, typed or primest runss of registered agen		: Resj sløred Agont signatuet rek	i regi wisan ranstating)	CATE		
	FILE NOW: FEE IS \$61.25  Due By May 1, 2008  OFFICERS AND D	9. Election Cam Trust Fund Co	ontribution.	Added to Fees	Make Checl orida Depar	tment of S	State
	PB OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFF	TICERS AND DI		
TITLE NAME	WILLIAMS, BISHOP CHARLES	☐ Delete	THEF NAME			☐ Change	Addition
STREET ADDRESS	10720 SW 218 ST.		STREET ADDRESS	uanar	0828303		
CATY-ST-ZIP	GOULDS FL		CITY - ST- ZIP	02/25/08	3-80006-0	18 70.0	0
TITLE	SRE	☐ Delote	TITLE			☐ Change	Addition
NAME	MORTIMER, DAISY	<u> </u>	NAME			- cumilia	Land 7 Octives
STREET ADDRESS	10730 S.W. 218 ST.		STREET ADDRESS				
CMY-ST-ZiP	GOULDS FL		CITY-ST-ZIP				
TITLE	CD	☐ Delete	TITLE			☐ Change	☐ Addif:on
NAME	CALDWELL, LONNIE C.		NAME				
STREET ADDRESS	995 NW 9 AVE.		STREET ADDPESS				ĺ
CITY - ST - ZIP	FLORIDA CITY FL		CITY-ST-ZiP				
TITLE	SMD	☐ Delete	TITLE			Change	neitibbA 🔲
NAME	CALDWELL, CHARLIE		NAME				
STREET ADDRESS	995 NW 9 AVE		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY FL		CITY-ST-ZIP				
T:ILE	GMD	Delete	TITLE			☐ Change	ncijibbA 🔲
NAME	WILLIAMS, ANNIE S.		NAME				
STREET AUDRESS	10720 S.W. 218 ST.  GOULDS FL		STREET ADURESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME	MAYO, JOE	☐ Delete	TITLE			Change	Addition
INMINE			■ IVAS/IC				

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

12/4/08 (305)257-0739