


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

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 729040 1. Entity Name ST. PETERS CHURCH OF GOD, APOSTOLIC FAITH, INC.	
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Principal Place of Business 8101 N W 22ND AVE MIAMI FL 33147 US	Mailing Address 849 NW 74 ST MIAMI FL 33150 US
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2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>	3. Mailing Address Suite, Apt. #, etc. <i>Same</i>
City & State <i>Same</i>	City & State <i>Same</i>

1st MOORE CR2E037 (10/04)

Zip	Country	Zip	Country
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4. FEI Number 05-0298400	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NESMITH, JOHN M 849 NW 74TH STREET MIAMI FL 33150	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD NESMITH, JOHN M	<input type="checkbox"/>
NAME	849 NW 74TH STREET	
STREET ADDRESS	MIAMI FL 33150	
CITY- ST- ZIP		
TITLE	ST OLIPHANT, AURORA	<input type="checkbox"/>
NAME	1510 NW 53RD ST	
STREET ADDRESS	MIAMI FL 33142	
CITY- ST- ZIP		
TITLE	TD NESMITH, ALPHONSO	<input type="checkbox"/>
NAME	849 N W 74TH ST	
STREET ADDRESS	MIAMI FL 33150	
CITY- ST- ZIP		
TITLE	T COLEY, IRMA J	<input type="checkbox"/>
NAME	19600 NW 7TH AVE	
STREET ADDRESS	MIAMI FL 33165	
CITY- ST- ZIP		
TITLE	<i>[Signature]</i>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	<i>[Signature]</i>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000299256 04/11/05-80098-022 70.00	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	<i>[Signature]</i>	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
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: <i>Alphonso Nesmith</i>	Date: <i>04-07-2005</i> Daytime Phone #: <i>305-835-9410</i>
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