


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

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 011 ****75.00

DOCUMENT # 729040
 1. Entity Name
ST. PETERS CHURCH OF GOD, APOSTOLIC FAITH, INC.



Principal Place of Business Mailing Address
 8101 N W 22ND AVE 849 NW 74 ST
 MIAMI FL 33147 MIAMI FL 33150
 US US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 05-0298400 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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 **ALPHONSO NESMITH**
 Street Address (P.O. Box Number is Not Acceptable)
849 N.W. 74 STREET
 City **MIAMI** FL Zip Code **33150**

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 *Alphonso Nesmith* Date *January 19, 2007*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NESMITH, JOHN M 849 NW 74TH STREET MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<i>Alphonso Nesmith</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST OLIPHANT, AURORA 1510 NW 53RD ST MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD NESMITH, ALPHONSO 849 N W 74TH ST MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T COLEY, IRMA J 19600 NW 7TH AVE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<i>Alphonso Nesmith</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alphonso Nesmith* Date *January 19, 2007* 305-835-9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Phone #