

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

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 037 ****75.00



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

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



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

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**NESMITH, ALPHONSO
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)
NA
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 **NA**
Signature, typed or printed name of registered agent and title (unacceptable) (NOTE: Registered Agent signature not used when continuing) DATE

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Alfonso Nesmith**

03-15-2008 305-835-9410