

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729040

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ST. PETERS CHURCH OF GOD, APOSTOLIC FAITH, INC.

**Current Principal Place of Business:**

8101 N W 22ND AVE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

849 NW 74 ST  
MIAMI, FL 33150 US

**New Mailing Address:**

FEI Number: 05-0298400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NESMITH, ALPHONSO  
849 NW 74TH STREET  
MIAMI, FL 33150 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NESMITH, JOHN M  
Address: 849 NW 74TH STREET  
City-St-Zip: MIAMI, FL 33150

Title: ST ( ) Delete  
Name: OLIPHANT, AURORA  
Address: 1510 NW 53RD ST  
City-St-Zip: MIAMI, FL 33142

Title: TD ( ) Delete  
Name: NESMITH, ALPHONSO  
Address: 849 N W 74TH ST  
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete  
Name: COLEY, IRMA J  
Address: 19600 NW 7TH AVE  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO NESMITH

TD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date