

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90001 014 ****61.25

DOCUMENT # 731802

1. Entity Name
GOULDS CHURCH OF CHRIST, INC.



Principal Place of Business
22800 SW 112 AVE
GOULDS, FL 33170 US

Mailing Address
PO BOX 97-0447
MIAMI, FL 33197

54069037



DO NOT WRITE IN THIS SPACE

07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0502034	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, AARON
15622 S.W 105 AVE.
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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 *Aaron Holloway Jr.* Aaron Holloway Jr. 07-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	WOOTEN, LEONARD C
STREET ADDRESS	14849 SW 164 TERRACE
CITY-ST-ZIP	MIAMI, FL 33187

TITLE	DP
NAME	HOLLOWAY, AARON
STREET ADDRESS	15622 S.W. 105 AVE.
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	DS
NAME	GOODING, EDWARD II
STREET ADDRESS	18014 S.W. 89 PLACE
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Aaron Holloway Jr. 07-21-04 (305)253-6122