


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90125 027 \*\*\*\*75.00

<b>DOCUMENT # 759537</b>			
1. Entity Name <b>CHURCH OF GOD, SOURCE OF VICTORY, AND HOUSE OF PRAYER, INC.</b>			
Principal Place of Business <b>45 N.E. 54TH STREET MIAMI FL 33137</b>		Mailing Address <b>45 N.E. 54TH STREET MIAMI FL 33137</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>90-0083902</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>RE'JOUIS, WILNER REV 10659 NE 11TH AVE. MIAMI SHORES FL 33138</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Member of the Board Committee	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RE'JOUIS, WILNER REV PASTOR			NAME	240 NE 49 ST, Miami FL 33137		
STREET ADDRESS	2100 SANS SOUCI BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138			CITY-ST-ZIP	Rodriguez Saint-Surin		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RE'JOUIS, MARIE C F			NAME			
STREET ADDRESS	2100 SANS SOUCI BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST GEORGES, NELSON B SR			NAME			
STREET ADDRESS	150 NE 70TH ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE	ATD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST GEORGES, BERNADETTE			NAME			
STREET ADDRESS	150 NE 70TH ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARSON, WILSON			NAME			
STREET ADDRESS	13710 NW 3RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POMPEI, MARIE			NAME			
STREET ADDRESS	1800 NW 135 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			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:** *Rev. Wilner Re'Jouis Senior Pastor 02-17-06 (305) 899-2605*