


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 029 ****75.00

DOCUMENT # ~~75937~~ 759531
 1. Entity Name
 Church of God Source of Victory
 House of Prayer, Inc.



DO NOT WRITE IN THIS SPACE

60044222

2. Principal Place of Business - No P.O. Box #
 45 NE 54th Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

CR2E037B (5/07)

City & State
 Miami Fl
 Zip
 33137

Country
 Dade

City & State
 Zip
 Country

4. FEI Number
 90-0083902

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Wilner Rejouis

Street Address (P.O. Box Number is Not Acceptable)
 2100 Sans Souci Boulevard Apt # B 601

CITY
 NORTH MIAMI FL 33181

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 Rev Wilner Rejouis DATE 05-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
 Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP	Pastor Wilner Rejouis 2100 Sans Souci Boulevard Apt # B 601 North Miami FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Pastor Marie-Claudette Francois Rejouis 2100 Sans Souci Boulevard Apt # B 601 North Miami FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Aneta Mathurin 1875 NW 64th St Miami FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Marie Glosby Pompe 2020 NW 136 St Miami FL 33168
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 exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev Wilner Rejouis WILNER REJOUIS DATE 05-14-08 (305) 899-2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #