


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

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

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

DOCUMENT # <del>75937</del> 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	3. Mailing Address Suite, Apt. #, etc.
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CR2E037B (5/07)

City & State Miami FL	City & State
Zip 33137	Country Dade

4. FEI Number 90-0083902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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	Zip Code 33181

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  
(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 Anasta 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