2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759537

FILED Apr 15, 2009 Secretary of State

Entity Name: CHURCH OF GOD, SOURCE OF VICTORY, AND HOUSE OF PRAYER, INC.

Current Principal Place of Business: New Principal Place of Business: 45 N.E. 54TH STREET MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 2100 SAN SOUCI BLVD APT. B-601 NORTH MIAMI, FL 33181 US FEI Number: 90-0083902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILNER, REJOUIS PASTOR 45 NE 54TH STREET MIAMI, FL 33137 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RE'JOUIS, WILNER PASTOR Name: Name: Address: 2100 SANS SOUCI BLVD, APT. B-601 Address: City-St-Zip: N MIAMI, FL 33181 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RE'JOUIS, MARIE C F PASTOR Name: Address: 2100 SANS SOUCI BLVD, APT, B-601 Address: City-St-Zip: N MIAMI, FL 33181 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ANESTA, MATHURIN GAB Name: MATHURIN GAB, ANESTE S/T Name: 1875 NW 114TH STREET 1875 NW 114 STREET Address: Address: City-St-Zip: MIAMI, FL 33167 US City-St-Zip: MIAMI, FL 33167 US Title: (X) Delete Title: () Change () Addition MARIE, POMPÉ G Name: Name: 2000 NW 135TH STREET Address: Address: City-St-Zip: MIAMI, FL 33168 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: WILNER REJOUIS PAST 04/15/2009