

# 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:**

45 N.E. 54TH STREET  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SAN SOUCI BLVD  
APT. B-601  
NORTH MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number:** 90-0083902      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILNER, REJOUIS PASTOR  
45 NE 54TH STREET  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: RE'JOUIS, WILNER PASTOR  
Address: 2100 SANS SOUCI BLVD, APT. B-601  
City-St-Zip: N MIAMI, FL 33181

Title: V ( ) Delete  
Name: RE'JOUIS, MARIE C F PASTOR  
Address: 2100 SANS SOUCI BLVD. APT. B-601  
City-St-Zip: N MIAMI, FL 33181 US

Title: T ( ) Delete  
Name: ANESTA, MATHURIN GAB  
Address: 1875 NW 114TH STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: S (X) Delete  
Name: MARIE, POMPE G  
Address: 2000 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: MATHURIN GAB, ANESTE S/T  
Address: 1875 NW 114 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date