


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 854319	
1. Entity Name THE CHURCH OF GOD AND SAINTS OF CHRIST INC.	

Principal Place of Business 10811 MASSIE AVE CLEVELAND, OH 44108 US	Mailing Address 10811 MASSIE AVE CLEVELAND, OH 44108 US
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DO NOT WRITE IN THIS SPACE



05282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-1216229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, HANNAH
3825 E. LAKE PLACE
MIRAMAR, FL 33023**

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, HANNAH 3825 E. LAKE PLACE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, MYRNA 7531 DELIDO BOULEVARD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GRANT, ROBERT 10811 MASSIE AVE CLEVELAND, OH 44108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBURN, NORRIS 397 LINDEN BLVD. BROOKLYN, NY 11203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSAY, BASIL 6425 SARATOGA CIRCLE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000952827 70.00
06/05/08-80004-003-558.75

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5-27-08** **216-798-8449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #