

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90279 036 \*\*\*\*61.25

**DOCUMENT # F95000002418**

1. Entity Name  
**FIRST CHURCH OF GOD OF THE SEVENTH DAY, INC.**

Principal Place of Business: **PO BOX 3377 WEST CHESTER PA 19381**  
 Mailing Address: **PO BOX 3377 WEST CHESTER PA 19381**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



1st MOORE CR2E037 (10/05)

4. FEI Number: **23-0976240** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**RIVERA, JOSE**  
**2227 W ROBLE DR.**  
**LOT 384**  
**KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: NIEVES, REINALDO STREET ADDRESS: 128 E NIELD ST CITY-ST-ZIP: W. CHESTER PA 19382	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Honacio Gonzalez STREET ADDRESS: 7003 Shawnee Rd CITY-ST-ZIP: Milford, Pa. 19963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: NIEVES, ANGEL J STREET ADDRESS: 528 S. WALNUT ST. CITY-ST-ZIP: W. CHESTER PA	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Onix Rivega STREET ADDRESS: 18 Jane Street CITY-ST-ZIP: Paterson, N.J. 07522	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: COLON, JORGE L STREET ADDRESS: 1723 BROOK HOLLOW DR CITY-ST-ZIP: ORLANDO FL 32824	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Angel J. Nieves STREET ADDRESS: 528 S. Walnut Street CITY-ST-ZIP: West Chester, Pa. 19381	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: ROSADO, WILFREDO JR STREET ADDRESS: 4608 MCKINLEY ST CITY-ST-ZIP: PHILADELPHIA PA 19135	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Angel J. Nieves* Angel J. Nieves 3/15/06 610-429-9564