

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90200 001 ****61.25
03-05-2008 90200 002 ****8.75

66002479



DOCUMENT # N00000001334 1. Entity Name MINISTRY "THE GOSPEL OF GOD" MATTHEW 28:19 CORP.					
Principal Place of Business 2324 SEMINOLE BLVD WEST PALM BEACH, FL 33409			Mailing Address 2324 SEMINOLE BLVD WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box # 4901 S. Dixie Hwy		3. Mailing Address 4901 S. Dixie Hwy.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach, FL 33405		City & State West Palm Beach, FL 33405		4. FEI Number NOT APPLICABLE	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICRISCI, MARGARITA REV. 278 NORTHAMPTON "N" CENTURY VILLAGE WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name Dicrisci, Margarita REV. Street Address (P.O. Box Number is Not Acceptable) 278 Northampton "N" Century Village City West Palm Beach FL Zip Code 33417		
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 May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DICRISCI, MARGARITA REV-P 278 NORTHAMPTON "N", CENTURY VILLAGE WEST PALM BEACH, FL 33419		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete GONZALEZ, ADELA PASTOR 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maureen Mendez, Secretary 4901 S. Dixie Hwy West Palm Beach, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete ROMERO, ALEYDA 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eni Mayo, Treasurer 4901 S. Dixie Hwy. West Palm Beach, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete GONZALEZ, ELIAS 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marena Dadan, Supervisor 4901 S. Dixie Hwy. West Palm Beach, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete ROMERO, CARLOS 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miriam Ochil, Official Professor 4901 S. Dixie Hwy. West Palm Beach, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Margarita Dicrisci</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2 26 08 Daytime Phone #		