

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001568

FILED
Feb 21, 2006
Secretary of State

Entity Name: THE CHURCH OF JESUS CHRIST ACCORDING TO ACTS 2:38, INC.

Current Principal Place of Business:

921 N.E. 131ST STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

951 N.E. 139 STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0986775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUCHANAN, ALVIN
951 NE 139TH STREET
NO. MIAMI, FL 33161 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: BUCHANAN, ALVIN
Address: 951 N.E. 139 STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: D () Delete
Name: BUCHANAN, SYBIL
Address: 951 N.E. 139 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD () Delete
Name: MITCHELL, RACHEL
Address: 1321 N.E. 150TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: TD () Delete
Name: DRAGON, AGATA
Address: 1321 N.E. 150TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALVIN BUCHANAN

PD

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date