

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000001743

1. Entity Name

CHURCH OF GOD AND CHRIST INTERNATIONAL, INC.



FILED
Feb 28, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

680 NW 71 ST.
MIAMI FL 33150

3031 NW 161 STREET
MIAMI FL 33054



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2388306

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, LANCASTER
680 NW 71 ST.
MIAMI FL 33150

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 D ☐ Delete
NAME THOMPSON, LANCASTER
STREET ADDRESS 680 NW 71 ST.
CITY-STATE-ZIP MIAMI FL 33150

☐ Change ☐ Addition
U000000649675
03/07/07-80060-003 61.25

TITLE D ☐ Delete
NAME COX, CONNIE
STREET ADDRESS 680 NW 71 ST.
CITY-STATE-ZIP MIAMI FL 33150

☐ Change ☐ Addition
U000000649675
03/07/07-80060-004 8.75

TITLE D ☐ Delete
NAME ANDERSON, FELICITY REV
STREET ADDRESS 1175 NW 133RD STREET
CITY-STATE-ZIP MIAMI FL 33168-6617

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ 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:

Lancaster Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07

Date

305624-0788

Daytime Phone #