

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002999

FILED
May 10, 2005
Secretary of State

Entity Name: THE HOUSE OF GOD APOSTOLIC FAITH CHRIST MINISTRIES, INC.

Current Principal Place of Business:

4371 NW 167 STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

4371 NW 167 STREET
MIAMI, FL 33055

New Mailing Address:

FEI Number: 65-1023704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODMAN, MARGE
3470 FOXCROFT RD
MIRAMAR, FL 33024 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: CEO () Delete
Name: MCFADDEN, PEARLINE H
Address: 1748 NW 65 ST
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: GOODMAN, MARGE
Address: 3420 FOXCROFT RD #105
City-St-Zip: MIRAMAR, FL 33024

Title: T () Delete
Name: KINEARD, AUDREY DR
Address: 7809 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: KINEARD, FREDDIE
Address: 7809 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: ADAMS, ESTELLE H
Address: 3470 FOXCROFT RD #105
City-St-Zip: MIRAMAR, FL 33024

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:

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 Section 119.07(3)(i), 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: AUDREY KINEARD

T

05/10/2005

Electronic Signature of Signing Officer or Director

Date