


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90060 048 \*\*\*\*61.25

<b>DOCUMENT # N00000006016</b>	
<b>1. Entity Name</b> THE MINISTRY OF GOLD UNDENOMINATIONAL CHURCH INC.	

<b>Principal Place of Business</b> 1904 CANAL TERR. FORT PIERCE FL 34950	<b>Mailing Address</b> 1904 CANAL TERR. FORT PIERCE FL 34950
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<b>2. Principal Place of Business</b> 1904 Canal Terrace Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1904 Canal Terrace Suite, Apt. #, etc.
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MOORE CR2E037 (11/03)

<b>City &amp; State</b> Ft. Pierce, Fl	<b>City &amp; State</b> Ft. Pierce, Fl
<b>Zip</b> 34950	<b>Country</b> St. Lucie

<b>4. FEI Number</b> 59-3664283	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> GIVENS, ROVENA T PASTOR 1904 CANAL TERR. FORT PIERCE FL 34950	<b>7. Name and Address of New Registered Agent</b> Name: The Ministry of Gold Und. Church Inc. Street Address (P.O. Box Number is Not Acceptable): 1904 Canal Terrace City: Ft. Pierce FL Zip Code: 34950
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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: Rovena Massey Givens (CEO) Pastor 01/27/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

**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	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CD</b> GIVENS, ROVENA T 1904 CANAL TERR. FORT PIERCE FL 34950 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> ANDERSON, JAMES W 3004 N. 22ND STRET TAMPA FL 33605 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> GLENN, GARY 1311 E. HUMPHERY ST. TAMPA FL 33604 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> JOHNSON, SYLVIA 1011 JAMAICA AVE. FORT PIERCE FL 34957 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #