

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90059 017 ****61.25

DOCUMENT # N00729

1. Entity Name

GOLDEN STARLIGHT SUPERNATURAL CHURCH OF GOD, INC.



Principal Place of Business

**1533 W. BLUE HERON BLVD.
RIVIERA BEACH FL 33419**

Mailing Address

**P.O. BOX 5511
FT. LAUDERDALE FL 33310-5511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2354880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BULLARD, ROBERT
3960 N.W. 120 WAY
P.O. BOX 5511
FT LAUDERDALE, FL 33310**

7. Name and Address of New Registered Agent

Name **ROBERT BULLARD**
Street Address (P.O. Box Number is Not Acceptable) **3960 N.W. 120 Way P.O. Box 5511**
FT. Lauderdale, FL 33310
City **FL** Zip Code **33310**

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

Robert Bullard

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

(NOTE: Registered Agent signature required when reinstating)

2/18/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **PD** ☐ Delete
NAME **BULLARD, ROBERT**
STREET ADDRESS **3960 NW BOUSAY, P.O. BOX 5511**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VD** ☐ Delete
NAME **LIDDELL, LIZZIE BEA**
STREET ADDRESS **601 NW 16TH AVE.**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **SD** ☐ Delete
NAME **BULLARD, ALICE**
STREET ADDRESS **601 NW 16TH AVE.**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Robert Bullard (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05

Date

Daytime Phone #