2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Jul 25, 2006 8:00 am Secretary of State DOCUMENT # N00729 07-25-2006 90026 004 ****70.00 GOLDEN STARLIGHT SUPERNATURAL CHURCH OF GOD. INC. Principal Place of Business Mailing Address 1533 W. BLUE HERON BLVD. P.O. BOX 5511 FT. LAUDERDALE FL 33310-5511 **RIVIERA BEACH FL 33419** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) 4. FEI Number Applied For City & State City & State 59-2354880 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BULLARD, ROBERT 3980 N:W 120 WAY P.O. BOX 5511 3331/ FT LAUDERDALE, FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Due By September 6, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. BULLARD, ROBERT TITLE Delete TITLE ☐ Change BULLARD, ROBERT NAME . NAME P.O. BOX 5511 3960 NW 1994 P.O. BOX 5511 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL Ft. Lauderdale, FL 33310 CDY-ST-ZP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition LIDDELL, LIZZIE BEA NAME NAME 601 NW 16TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BULLARD, ALICE NAME STREET ADDRESS 601 NW 16TH AVE. STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-7IP CITY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-78P TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TIPLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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

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