## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00729

FILED Apr 01, 2009 Secretary of State

Entity Name: GOLDEN STARLIGHT SUPERNATURAL CHURCH OF GOD. INC.

Current Principal Place of Business: New Principal Place of Business:

1533 W. BLUE HERON BLVD. 8301 WEST COMMERCIAL BLVD

RIVIERA BEACH, FL 33419 TAMARAC, FL 33351

Current Mailing Address: New Mailing Address:

P.O. BOX 5511

FT. LAUDERDALE, FL 333105511

FEI Number: 59-2354880 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 BULLARD, ROBERT
 8231 NW 54 CT.

 P.O. BOX 5511
 8231 NW 54 CT.

 LAUDERHILL, FL 33351
 US

FT LAUDERDALE,, FL 33310 US

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: ROBERT BULLARD 04/01/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BULLARD, ROBERT,
 Name:

 Address:
 PO BOX 5511
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33310
 City-St-Zip:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: LIDDELL, LIZZIE BEA, Name: BULLARD, LIZZIE BEA,

Address: 601 NW 16TH AVE. Address: P.O. BOX 5511

City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: FORT LAUDERDALE, FL 33310

Title: SD () Delete Title: SD (X) Change () Addition

Name: BULLARD, ALICE, Name: HOUSTON, ANGELA,

Address: 601 NW 16TH AVE. Address: P.O. BOX 5511

City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: FORT LAUDERDALE, FL 33310

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT BULLARD PD 04/01/2009