

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000173**

1. Entity Name  
**FIRST CHURCH OF GOD OF ELIJAH INC.**



Principal Place of Business <b>1400 NE 117TH STREET          MIAMI, FL 33161</b>	Mailing Address <b>1400 NE 117 ST.          MIAMI, FL 33161</b>
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03202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1064198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FILUS, BYRON  
 1400 NE 117 ST.  
 MIAMI, FL 33161**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FILUS, BYRON 1400 NE 117ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ILDRIDE, AUGUSTIN 2430 NW 141 STREET MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUGUSTIN, ILDRIDE 2430 NW 141 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REDIA, LAURENT 1400 NE 117TH ST NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUIS, CONSTANT 5020 NW 18 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP VALENTIN, TOLEME 775 NE 83ST MIAMI, FL 33138

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 04/14/05-80078-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **03/29/05** **(786) 295-9462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #