


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90003 044 \*\*\*\*70.00

**DOCUMENT # N01000000173**  
 1. Entity Name  
**FIRST CHURCH OF GOD OF ELIJAH INC.**



**60046857**



Principal Place of Business  
~~1400 NE 117TH STREET~~  
~~MIAMI, FL 33163~~  
**233 NE 76th St.**  
**MIAMI FL 33138**

Mailing Address  
 1400 NE 117 ST.  
 MIAMI, FL 33161

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

Country

05042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1064198**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FILUS, BYRON**  
**1400 NE 117 ST.**  
**MIAMI, FL 33161**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by September 12, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FILUS, BYRON 1400 NE 117ST MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ILDRIDE, AUGUSTIN 2430 NW 141 STREET MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUGUSTIN, ILDRIDE 2430 NW 141 ST MIAMI, FL 33054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. <b>Georgina Maurat</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 NW 123rd Street</b> <b>MIAMI, FL 33168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RSQIA, LAURENT 1400 NE 117TH ST NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. <b>BERTHA Filus</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1400 NE 117th Street</b> <b>MIAMI, FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUIS, CONSTANT 5020 NW 18 AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP VALENTIN, TOLEME 775 NE 83ST MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP. <b>ERNEST COOPER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19901 NE 14th</b> <b>MIAMI, FL 33179</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, in all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **08/28/08 (796)** Daytime Phone #: **295-9467**