

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# N01000000173

Entity Name: FIRST CHURCH OF GOD OF ELIJAH INC.

Current Principal Place of Business:

233 NE 26TH STREET
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

1400 NE 117 ST.
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1064198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: FILUS, BYRON
Address: 1400 NE 117ST
City-St-Zip: MIAMI, FL 33161

Title: PD () Delete
Name: ILDRIDE, AUGUSTIN
Address: 2430 NW 141 STREET
City-St-Zip: MIAMI, FL 33054

Title: SD () Delete
Name: MAURAT, GEORGINA
Address: 125 NW 123RD STREET
City-St-Zip: MIAMI, FL 33168

Title: SD () Delete
Name: FILUS, BERTHA
Address: 1400 NE 117TH STREET
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: LOUIS, CONSTANT
Address: 5020 NW 18 AVE
City-St-Zip: MIAMI, FL 33142

Title: VDP () Delete
Name: COOPER, ERNEST
Address: 19901 NE 14 CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ILDRIDE AUGUSTIN

PD

08/25/2009

Electronic Signature of Signing Officer or Director

Date