

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90003 036 \*\*\*\*66.25

**DOCUMENT # N01000002571**

1. Entity Name

CHURCH OF GOD SANCTIFIED OF FLORIDA INC.



Principal Place of Business

11610 NW 7TH AVENUE  
MIAMI FL 33168

Mailing Address

1030 NE 149 ST  
MIAMI FL 33161

2. Principal Place of Business - No P.O. Box #

11610 NW 7th Ave  
Suite, Apt. #, etc.

3. Mailing Address

1030 NE 149 ST  
Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/08)



City & State

MIAMI FL

City & State

NORTH MIAMI FL

4. FEI Number

30-0064168

Applied For

Not Applicable

Zip

33168

Country

Dade

Zip

Dade

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTIN, CHRISTINOR  
1030 NE 149 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

*Christinor Augustin*

8/11/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 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

TITLE D ☐ Delete  
NAME ALBERT, ANNE N  
STREET ADDRESS 1030 NE 149 ST  
CITY-ST-ZIP MIAMI FL 33161

TITLE PSD ☐ Delete  
NAME AUGUSTIN, CHRISTINOR  
STREET ADDRESS 1030 NE 149 ST  
CITY-ST-ZIP MIAMI FL 33161

TITLE D ☐ Delete  
NAME GUYFRAND, AUGUSTIN  
STREET ADDRESS 1030 NE 149 ST  
CITY-ST-ZIP MIAMI FL 33161

TITLE D ☒ Delete  
NAME TANIS, MITA  
STREET ADDRESS 1030 NE 149 ST  
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Christinor Augustin*

8/11/08 (786) 306-5182