


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 034 ****70.00

DOCUMENT # N02000001514

1. Entity Name
SECOND ALLIANCE EVANGELICAL CHURCH OF GOD INC.



Principal Place of Business
**7200 NW 7 AVE
 MIAMI, FL 33150**

Mailing Address
**7200 NW 7 AVE
 MIAMI, FL 33150**

2. Principal Place of Business
7200 NW 7 AVE
 Suite, Apt. #, etc.

3. Mailing Address
7200 NW 50 st
 Suite, Apt. #, etc.

City & State
Miami FL 33150

City & State
Miami Florida

Zip
33150

Country
Dade

Zip
33150

Country
Dade



4. FEI Number
56-2328230

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RENE, MAGALY
 2300 N SHERMAN CIRCLE APT 201A
 MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

Name
Rene, Magalie

Street Address (P. O. Box Number is Not Acceptable)
2301 NW 50 street

City
Miami

FL Zip Code
33142

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 **Rene, BERTHA** **Rene, Magalie** **3/07/05**

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

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

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	<input type="checkbox"/> Delete
NAME	RENE, BERTHA	
STREET ADDRESS	2300 N SHERMAN CIRCLE APT 201A	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENE, MAGALIE	
STREET ADDRESS	7200 NW 7 AVE	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAUDE, CARLOS J	
STREET ADDRESS	1064 CAROLINA DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 333127310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rene, BERTHA	
STREET ADDRESS	2301 NW 50 street	
CITY-ST-ZIP	Miami, FLORIDA 33142	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rene, Magalie	
STREET ADDRESS	2301 NW 50 street	
CITY-ST-ZIP	Miami FLORIDA 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Rene, BERTHA** **Rene, Magalie** **3/7/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #