

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 004 ****70.00

DOCUMENT # N02000003828

1. Entity Name
CHURCH OF GOD MILITANT, INC.



Principal Place of Business
**104 NW 5TH AVENUE
DELRAY BEACH, FL 33444**

Mailing Address
**104 NW 5TH AVENUE
DELRAY BEACH, FL 33444**

30066347



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08182005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1114765

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERSULIEN, LUSA REV
104 NW 5TH AVENUE
DELRAY BEACH, FL 33444**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SAINTELY, BATHOL ☐ Delete
STREET ADDRESS 179 SE 27 PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33435

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

TITLE SD
NAME VERSULIEN, YANICK ☐ Delete
STREET ADDRESS 2216 NE 3RD AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33444

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

TITLE ASD
NAME LABADY, JEAN CLADE ☐ Delete
STREET ADDRESS 5146 NW 6TH ST
CITY-ST-ZIP DELRAY BEACH, FL 33445

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

TITLE TD
NAME BIMERT, CHERYL ☐ Delete
STREET ADDRESS 15999 SW 8 AVE APT A-205
CITY-ST-ZIP DELRAY BEACH, FL 33444

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

TITLE CD
NAME ETIENNE, JUSTE ST. ☐ Delete
STREET ADDRESS 1651 NE 3RD AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33444

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

TITLE ☐ Delete
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/05 661/274-4248