

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90014 030 ****69.00

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-1114765		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VERSULIEN, LUSA REV 104 NW 5TH AVENUE DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Lusa Versulien* DATE 3/4/06

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAINTELY, BATHOL 179 SE 27 PLACE BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EriSe MALbranche PD 5146 NW 6th St Delray Beach FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERSULIEN, YANICK 2216 NE 3RD AVENUE DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Mane Hunt 2216 NE 3RD Ave Delray Beach FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LABADY, JEAN CLADE 5146 NW 6TH ST DELRAY BEACH FL 33445 <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	TD BIMERT, CHERYL 15999 SW 8 AVE APT A-205 DELRAY BEACH FL 33444 <input checked="" 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	CD ETIENNE, JUSTE ST. 1651 NE 3RD AVENUE DELRAY BEACH FL 33444 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lusa Versulien* DATE 3/4/06

(Signature, typed or printed name of signing officer or director)