

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007381

FILED
Aug 05, 2007
Secretary of State

Entity Name: SABAOATH RESTORATION AND EQUIPPING MINISTRIES INC

Current Principal Place of Business:

17940 NW 14 AVENUE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

17940 NW 14 AVENUE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 61-1428973 **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:

WRIGHT, URSULA T
17940 NW 14 AVENUE
MIAMI, FL 33169 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: P () Delete
Name: WRIGHT, URSULA T
Address: 17940 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33169 US

Title: S () Delete
Name: WRIGHT, SUSIE E
Address: 17940 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33169 US

Title: D () Delete
Name: LEWIS, JOHN
Address: 16373 NW 57 AVE
City-St-Zip: HIALEAH, FL 33014 US

Title: T () Delete
Name: DELAHAYE, CECILE
Address: 4542 SW 185 AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: D () Delete
Name: GUITERREZ, ANGEL
Address: 14141 SW 82 STREET
City-St-Zip: MIAMI, FL 33183

Title: RA () Delete
Name: MAGWOOD, SHERRY L
Address: 1030 NW 182ND STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DOLPHUS, GARY
Address: 2980 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

Title: T (X) Change () Addition
Name: DOLPHUS, PATRICIA
Address: 2980 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

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: SHERRY MAGWOOD

RA

08/05/2007

Electronic Signature of Signing Officer or Director

Date