


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004168 1. Entity Name CHRISTIAN CHURCH REMNANT OF GOD, INC.	
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Principal Place of Business 6408 N. ARMANIA AVENUE SUITE 1 TAMPA, FL 33604	Mailing Address 6408 N. ARMANIA AVENUE SUITE 1 TAMPA, FL 33604
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03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2097433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOTHROP, MONICA V
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	CORDERO, YAMILETH 4426 LETO LAKES BLVD APT 203 TAMPA, FL 33614
TITLE SD	CELIS, GLORIA 8609 N. 29TH ST TAMPA, FL 33604
TITLE TD	CHACON, LUIS 5102 BELMERE PKWY APT 1401 TAMPA, FL 33624
TITLE VD	VILLANUEVA, SILVIA 2911 W. WILDER AVE TAMPA, FL 33614
TITLE D	ARGUETA, MOISES 1420 E. BOUGAVILLEA APT A TAMPA, FL 33612
TITLE D	MARTORELL, SANTIAGO 17814 JAMES TOWN WAY APT A LUTZ, FL 33558

U000000691930
04/13/07-80030-014 61.25

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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 817, 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: Luis Chacon *Luis Chacon Treasurer* 4/3/07 (813) 956-2646

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