

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008878

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: PAHOKEE CHURCH OF GOD, INC.

**Current Principal Place of Business:**

245 W 3 ST  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

245 W 3 ST  
PAHOKEE, FL 33476

**New Mailing Address:**

245 W 3 ST  
P. O. BOX 313  
PAHOKEE, FL 33476

FEI Number: 51-0492346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICKINS, REV. BUD  
3420 BACOM POINT RD  
PAHOKEE, FL 33476 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: D ( ) Delete  
Name: BANKS, SAMUEL  
Address: 107 N FLAME  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: BOOTH, CARL  
Address: 2555 SW 14 TERR  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: HARRIS, JOSHUA  
Address: 295 CARISSA DR  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: MCPHERSON, EVERETT  
Address: 155 N GREENSTAR  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: MICKINS, REV. BUD  
Address: 3420 BACOM POINT RD  
City-St-Zip: PAHOKEE, FL 33476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: REV. BUD MICKINS

D

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date