

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010290

FILED  
Sep 08, 2004  
Secretary of State

**Entity Name:** GOD WORD GOD WAY CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

901 NW 46TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

901 NW 46TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 45-0528827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILKERSON, REGINALD PASTOR  
901 NW 46TH STREET  
MIAMI, FL 33127

**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: WILKERSON, REGINALD PASTOR  
Address: 901 NW 46TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: AA ( ) Delete  
Name: MARTIN, CLARA  
Address: 16220 NW 18TH COURT  
City-St-Zip: MIAMI, FL 33054

Title: D (X) Delete  
Name: NABBIE, ERNESTINE  
Address: 1292 NW 46TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: WILKERSON, LESSIE  
Address: 901 NW 46TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: COLLINS, MARY  
Address: 6100 NW 20TH AVENUE  
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARA MARTIN

AA

09/08/2004

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

\_\_\_\_\_  
Date