

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000884

FILED  
Feb 23, 2006  
Secretary of State

**Entity Name:** ONE FAMILY CHURCH OF GOD MINISTRIES, INC.

**Current Principal Place of Business:**

3331 NW 154TH TERRACE  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 69-32017  
MIAMI, FL 331293207

**New Mailing Address:**

**FEI Number:** 02-0715203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SESSION, HUMBERTO  
20461 N. W. 17TH AVENUE  
APARTMENT 307  
MIAMI, FL 33056 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: PD ( ) Delete  
Name: ALLEN, LORRAINE  
Address: 3331 NW 154TH TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: TD ( ) Delete  
Name: SESSION, HUMBERTO  
Address: 3331 NW 154TH TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: VD ( ) Delete  
Name: SESSION, FEGIE  
Address: 3331 NW 154TH TERRACE  
City-St-Zip: MIAMI, FL 33054

Title: SD ( ) Delete  
Name: ALLEN, FAITH  
Address: 3331 NW 154TH TERRACE  
City-St-Zip: MIAMI, FL 33054

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE ALLEN

PD

02/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date