



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90017 034 ****70.00

DOCUMENT # N04000003102					
1. Entity Name CHURCH OF GOD CHRIST IS MY VICTORY, INCORPORATED					
Principal Place of Business 12825 NE 2 AVE MIAMI, FL 33161			Mailing Address 12825 NE 2 AVE MIAMI, FL 33161		
2. Principal Place of Business 12		3. Mailing Address 441 NW 116 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number	
MIAMI FL		MIAMI FL		92-0187 131	
Zip		Country		5. Certificate of Status Desired	
33168		USA		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDRE, CENOU REV. 12825 NE 2 AVE MIAMI, FL 33161			Name: JONAS SALOMON Street Address (P.O. Box Number is Not Acceptable): 441 NW 116 ST MIAMI FL 33168 City: MIAMI FL Zip Code: 33168		
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: <i>Jonas Salomon</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 03/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME ANDRE, CENOU		TITLE DT	NAME JONAS SALOMON	
STREET ADDRESS	12825 NE 2 AVE		STREET ADDRESS	441 NW 116 ST	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	MIAMI FL 33168	
TITLE DV	NAME RAYMOND, LEGITIME		TITLE	NAME	
STREET ADDRESS	1143 NW 15 ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE DS	NAME BAPTISTE, NORVANE F		TITLE	NAME	
STREET ADDRESS	13100 NE 7 AVE APT 303		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE DS	NAME ST VIL, SILFIDA D		TITLE	NAME	
STREET ADDRESS	13251 MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI, FL 33161		CITY-ST-ZIP		
TITLE DT	NAME FICHEL, SHEILA		TITLE	NAME	
STREET ADDRESS	12300 NE 4 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE D	NAME ST JULIEN, FARIE		TITLE	NAME	
STREET ADDRESS	12300 NE 4 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Andre Ceno</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/29/05 Daytime Phone #		