2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004624

FILED May 01, 2009 Secretary of State

Entity Name: CITY OF DAVID INTERNATIONAL MINISTRIES, INC

Current Principal Place of Business: New Principal Place of Business:

4700 N STATE ROAD 7 4700 N STATE ROAD 7

SUITE 104 SUITE 119

LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319

Current Mailing Address: New Mailing Address:

P.O BOX 290792 900 MOFFETT STREET DAVIE, FL 33329 HALLANDALE, FL 33009

FEI Number: 20-1107558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

OGUGUA, IKECHUKWU C
4700 NORTH STATE ROAD 7
4700 NORTH STATE ROAD 7

SUITE104 SUITE 119

LAUDERDALE LAKES, FL 33319 US LAUDERDALE LAKES, FL 33319 US

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: GAVRIEL OGUGUA 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 OGUGUA, IKECHUKWU C
 Name:
 OGUGUA, IKECHUKWU C

 Address:
 P.O BOX 290792
 Address:
 900 MOFFETT STREET

 City-St-Zip:
 DAVIE, FL 33329 US
 City-St-Zip:
 HALLANDALE, FL 33009 US

Name: REID, LORNA K Name: ROBERT, COAN

Address: 7401 W SUNRISE BLVD #C2 Address: 9833 WESTVIEW DRIVE #811
City-St-Zip: PLANTATION, FL 33312 US City-St-Zip: CORAL SPRINGS FL, FL 33076 US

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 DIKE, MARTINS
 Name:
 BIAMONTE, JOSEPH

 Address:
 19722 NE 12 PLACE
 Address:
 2223 TAYLOR STREET

 City-St-Zip:
 MIAMI, FL 33179 US
 City-St-Zip:
 HOLLYWOOD, FL 33020 US

Title: D () Delete Title: () Change () Addition

 Name:
 BRYAN, FANUS
 Name:

 Address:
 2881 NW 196 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33056 US
 City-St-Zip:

 $\label{eq:title:Title:V} {\sf Title:} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\)\ Change\ (\)\ Addition}$

 Name:
 MAURICE, AUDEOUD
 Name:

 Address:
 3205 S.PORT ROYALE DR. #B
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33062 US
 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: IKECHUKWU OGUGUA C P 05/01/2009