

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90003 035 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

40096066



06142008 Chg-NP CR2E037 (4/06)

DOCUMENT # N04000006587 1. Entity Name CHARISMATA CHURCH OF GOD, INC.					
Principal Place of Business 107 ELLCOY STREET # 109 FLORIDA CITY, FL 33034-2501			Mailing Address 107 ELLCOY STREET # 109 FLORIDA CITY, FL 33034-2501		
2. Principal Place of Business 17891 South Dixie hwy Suite, Apartment 200		3. Mailing Address 17891 South Dixie hwy Suite, Apartment 200			
City & State Miami		City & State Miami		4. FEI Number 36-4557623	
Zip 33157		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARP, CALVIN 13713 SW 90TH AVE M 106 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Bingham Brenda Lee Street Address (P.O. Box Number is Not Acceptable) 17891 South Dixie hwy Suite 200 City Miami FL 33157		
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 _____ (Signature, typed or printed name of registered agent and file if applicable. (NOTE: Reside of Agent signature required when reorganization.) (FAT))					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	P SIMMS, CORNEL 5819 NW 17TH PLACE APT 15 SUNRISE, FL 33313	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Simms, Corneli 1250 SE 31st CT, Unit 103 Homestead FL 33035	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMMS, JOYCE 14555 SW 154TH TERR MIAMI, FL 33177	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA Chamber, Dawn 17891 South Dixie hwy Miami FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA WALDEN, CLAUDETTE 10331 SW 118 AVE MIAMI, FL 33177	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA Walden, Hughlan 17891 South Dixie hwy Miami FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARP, CALVIN 13713 SW 90TH AVE M106 MIAMI, FL 33176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA Raghunandan, Phillip 17891 South Dixie hwy Miami FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA Lewis, Marcia 17891 South Dixie hwy Miami FL 33157	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA Coates, Daisey 17891 South Dixie hwy Miami FL 33157	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
_____ Date					
_____ Copy the file is if					