

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04143

FILED
Apr 13, 2009
Secretary of State

Entity Name: SAINT CITY NO. 2 CHURCH OF GOD OF THE APOSTOLIC FAITH, INC.

Current Principal Place of Business:

9302 NW 22ND AVE
CROSS CITY, FL 32628 US

New Principal Place of Business:

Current Mailing Address:

7375 N. AUGUSTA DR
CO BISHOP JENKINS
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 59-2222883 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JENKINS, JAMES P
7375 N. AUGUSTA DR
MIAMI, FL 33015 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: DP () Delete
Name: JENKINS, JAMES P
Address: 7375 N. AUGUSTA DR
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: JENKINS, HELEN
Address: 7375 N. AUGUSTA DR
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: HENLEY, NANCY
Address: 1851 N.W. 81ST TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: YOUNG, EARL
Address: 6448 N.W. 61ST STREET
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: YOUNG, GENISE
Address: 6448 N.W. 61ST STREET
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: PORTER, REGINA
Address: 1217 BERTHAD TASS
City-St-Zip: HEPHZIDAH, GA 30815

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: () Change () Addition
Name:
Address:
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: HELEN JENKINS

VD

04/13/2009

Electronic Signature of Signing Officer or Director

Date