## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000002233

T FILED

May 01, 2006
Secretary of State

Entity Name: HOMESTEAD COMMUNITY CHURCH OF GOD INC.

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

140 NE 19TH STREET HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

 140 NE 19TH STREET
 P.O. BOX 570651

 HOMESTEAD, FL 33030
 MIAMI, FL 33257

FEI Number: 20-2475217 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CODLING, LINFORD 9635 SW 181 TERRACE MIAMI, FL 33157 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:

- Flateria Circulus I Davidous I Arab

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 AJEI, KWAKU
 Name:
 CODLING, LINFORD

 Address:
 17168 SW 144 PLACE
 Address:
 9635 SW 181 TERRACE

City-St-Zip: MIAMI, FL 33176 City-St-Zip: VILLAGES OF PALMETTO BAY, FL 33157

Title: CD () Delete Title: (X) Change ( ) Addition Name: HODGE-GOMES, MAUREEN Name: HODGE-GOMES, MAUREEN Address: 15957 SW 95TH AVE., STE. 26 Address: 15870 SW 105 AVENUE City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33157

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CODLING, YVONNE
 Name:

 Address:
 1873 SE 20 TERRACE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33031
 City-St-Zip:

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

 Name:
 MOITT, JANICE
 Name:
 HENRY-GREENE, TONI

 Address:
 140 NE 19 STREET
 Address:
 20521 SW 122 COURT

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 MIAMI, FL 33177

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: L. CODLING D 05/01/2006