

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002233

FILED
Apr 27, 2007
Secretary of State

Entity Name: HOMESTEAD COMMUNITY CHURCH OF GOD INC.

Current Principal Place of Business:

42 NORTH HOMESTEAD BLVD. (US1)
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

42 NORTH HOMESTEAD BLVD. (US1)
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-2475217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODLING, LINFORD
9635 SW 181 TERRACE
MIAMI, FL 33157 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: CD () Delete
Name: CODLING, LINFORD
Address: 9635 SW 181 TERRACE
City-St-Zip: VILLAGES OF PALMETTO BAY, FL 33157

Title: VCD () Delete
Name: HODGE-GOMES, MAUREEN
Address: 15870 SW 105 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: DT () Delete
Name: CODLING, YVONNE
Address: 1873 SE 20 TERRACE
City-St-Zip: HOMESTEAD, FL 33031

Title: DS () Delete
Name: HENRY-GREENE, TONI
Address: 20521 SW 122 COURT
City-St-Zip: MIAMI, FL 33177

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:

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: L CODLING

D

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date