

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 06, 2008  
Secretary of State

DOCUMENT# N05000002233

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 ( )  
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:**

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

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

CODLING, LINFORD  
19100 SW 106 AVE  
5  
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: LINFORD CODLING

05/06/2008

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: LINFORD CODLING

CD

05/06/2008

Electronic Signature of Signing Officer or Director

Date