

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007915

FILED
Feb 22, 2009
Secretary of State

Entity Name: ORIGINAL FULL GOSPEL ASSEMBLY, INC.

Current Principal Place of Business:

802 NW 111 STREET
MIAMI, FL 33168 45

New Principal Place of Business:

Current Mailing Address:

14305 NE 8TH AVENUE
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1255976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MERILUS, SUZANNE S
14305 NE 8TH AVENUE
NORTH MIAMI, FL 33161 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: PD () Delete
Name: MERILUS, CLEBERT PASTOR
Address: 14305 NE 8TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD () Delete
Name: MERILUS, SUZANNE S
Address: 14305 NE 8TH AVENUE
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD () Delete
Name: HORACE, YVETTE
Address: 188 NW 59 STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: BELLABE, FERNANDE S
Address: 395 NE 191 STREET
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: ANISTUS, JEANNE
Address: 1528 NW 10TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33133

Title: D () Delete
Name: MALBRANCHE, EDDIE
Address: 11150 NW 11TH AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JACQUELINE, CALIXTE
Address: 188 NW 59 STREET
City-St-Zip: MIAMI, FL 33127

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: JACQUELINE CALIXTE

SD

02/22/2009

Electronic Signature of Signing Officer or Director

Date