## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N05000008159** 

## FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90119 012 \*\*\*\*61.25

FORT LAUDERDALE, FL 33312 US  FORT LAUDERDALE, FL 33312 US  FORT LAUDERDALE, FL 33312 US  Suite, Apt. #, etc.  Sui	BURMES	SE ASSEMBLY OF GOD, INC	C.	(Ville)						
Suite, Apt. #, etc.  City & State  City & State  City & State  4. FEI Number  2D	251 SW 11	AVENUE	251 SW 11 AVENUE	1 SW 11 AVENUE		40041532				
Suite, Apt. #, etc.  City & State  City & State  City & State  4. FEI Number  2D										
City & State  A. FEI Number  D. Country  E. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  For LAUDERDALE, FL 33312  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. 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. I am familiar with, and act the obligations of registered agent and title if applicable.  Signature  Filing Fee tay Se1.25  Due by May 1, 2009  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Filing Fee tay Se1.25  Due by May 1, 2009  PAU, DO S  SIRET ADDRESS  CITY-S1-2P  FORT LAUDERDALE, FL 33312  CITY-S1-2P  TITLE  DIR  MUNG, GIN Z  SIRET ADDRESS  CITY-S1-2P  FORT LAUDERDALE, FL 33312  CITY-S1-2P  TITLE  DIR  MUNG, GIN Z  SIRET ADDRESS  SIRET ADDRESS  CITY-S1-2P  FORT LAUDERDALE, FL 33312  CITY-S1-2P  TITLE  DIR  MUNG, GIN Z  SIRET ADDRESS  SIRET	2. Principal f	Place of Business	3. Mailing Address	Mailing Address			T HOUSEN ON COUR COM COM COM COM SOM SOM SOM SOM SOM SOM SOM SOM SOM S			
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Requ	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03172006 Chg	-NP CR	R2E037 (11/05)		
Zip Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required	City & Star	te	City & State	City & State		4. FEI Number	10410	<del></del>	plied For	
6. Name and Address of Current Registered Agent  PAU, DO S  251 SW 11 AVENUE FORT LAUDERDALE, FL 33312  City  City  FL  Zip Code  8. 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. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature, typed or primate name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when rendamy)  DATE  Filling Fee Is \$81.25  Due by May 1, 2009  9. Election Campaign Financing Trust Fund Contribution.  Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  I am familiar with, and act the obligations of registered agent and title if applicable.  (NOTE: Registered Agent signature agent agent and title if applicable.  (NOTE: Registered Agent signature agent agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Filing Fee Is \$81.25  Due by May 1, 2009  9. Election Campaign Financing Trust Fund Contribution.  Address (P.O. Box Number is Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Registered Agent Not Acceptable)  FL  Zip Code  Registered Agent Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Registered Agent Not Acceptable)  FL  Zip Code  FL  Zip Code  Florida Department of State	Zip	Country	Zip	Country	/		- F. I	\$8.75 Add	fitional	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

Delete

☐ Delete

SIGNATURE:

DIR

DIR

STREET ADDRESS 251 SW 11 AVENUE

BRANGSHAWNG, MARAN

FORT LAIDERDALE, FL 33312

FORT LAUDERDALE, FL 33312

**251 SW 11 AVENUE** 

DAL, NANG L

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEOUR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

03/2-1/2506

Date

Daytime Phone #

Change

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■ Addition

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