2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2008 8:00 am Secretary of State

DOCUMENT # N0600006898 1. Entity Name GOATABLE CHURCH OF GOD MINISTRIES, INC.						03-	03-18-2008 90010 025 ****70.00				
GOATABL	E CHURCH OF GO	OD MINISTRIE	S, INC.	1							
Principal Place of Business 540 NW 87TH STREET MIAMI, FL 33150		540	Mailing Address 540 NW 87TH STREET MIAMI, FL 33150			4004	7776				
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2. Principal Place of Business - No P.O. Box #		Box # 3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			03032008 C	ng-NP	CR2E	037 (12/06)		
City & State		Ci	City & State		<u>.</u> . "	4. FEI Number 34-205838	1 04 0050007		oplied For		
Zip	Country	Zij	· ·	Count	try	5. Certificate of St		t/	\$8.75 Add	ditional	
	6. Name and Address	of Current Registers	ed Agent	<u> </u>		7. Name and Add	ress of New F	Registered			
		<u> </u>			Name						
CHARLES, ALAIN PH.D 540 NW 87TH STREET MIAMI, FL 33150					Street Address (P.O. Box Number is Not Acceptable)						
				-	City			F	Zip Cod	le	
1	named entity submits this sions of registered agent.	statement for the purp	oose of changing its	registered	d office or reg	gistered agent, or both, in	the State of Fi	orida. Lar	n tamiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of re	egistered agent and title it ap	plicable. (NOTE	E: Registered A	Agent signature re	equired when reinstating)		DATE			
	Signature, typed or printed name of re Filling Fee is \$61.25 Due by May 1, 2008	· · · · · · · · · · · · · · · · · · ·	9. Election Car Trust Fund C	npaign Fin	nancing _	\$5.00 May Be Added to Fees		fake che	ck payable t		
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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 addless, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HAD. OR DIRECTOR