2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/19/2008-90021-001-$50.00-$50.00 *
8/19/2008-90021-002-$20.00-$20.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 18 PM 12:49

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1. Entity Name
CHURCH OF GOD OF REVELATION OF ST. AUGUSTINE ROAD, INC.

Principal Place of Business	Mailing Address
4017 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	4017 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05052008 Chg-NP CR2E037 (12/06)

4. FEI Number 593517622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLES, JEAN 4017 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	Name 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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 –Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHARLES, JEAN 4017 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jean Delva Pierre	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOESIL, ANDRE 2722 UNIVERSITY BLVD. WEST, APT 28 JACKSONVILLE, FL 33211	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor Jean Delva Pierre 4017 St Augustine Rd Jax FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FREDERICK, RICHMOND 6643 BRANDEMERE RD N JACKSONVILLE, FL 33211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTHE Vierge Joesil 4017 St Augustine Rd JAX FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EVAL MARTINEAU 5800 BARNES RD #63 JAX FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 9/19/08	☐ Change ☐ Addition

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.

SIGNATURE: _____ Frederick Richemond 5/27/08 904-465-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #