

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

DOCUMENT # N07000008554

1. Entity Name
THE CHURCH OF GOD OF CHARITY, INC.



02-11-2008 90124 001 ****75.00
02-11-2008 90124 002 ****78.75

Principal Place of Business
420 SCHOOL DRIVE
IMMOKALEE, FL 34142

Mailing Address
420 SCHOOL DRIVE
IMMOKALEE, FL 34142

66000966



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

1288 FRIENDSHIP DRIVE

Suite, Apt. #, etc.

1288 FRIENDSHIP DRIVE

City & State

IMMOKALEE, FL

City & State

IMMOKALEE Florida

Zip
34142

Country
COLLIER

Zip
34142

Country
COLLIER

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number

83-0505639

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALCE, ELYSE REV.
1288 FRIENDSHIP DRIVE
IMMOKALEE, FL 34142

Name

REV ALCE ELYSE

Street Address (P.O. Box Number is Not Acceptable)

1288 FRIENDSHIP DRIVE

City

IMMOKALEE

FL

Zip Code

34142

7. Name and Address of New Registered Agent

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

Elyse Alce, REV ELYSE ALCE 02-06-2008

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIEUSEUL, JEROME REV.	
STREET ADDRESS	770 NW 186 DRIVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALCE, ELYSE REV.	
STREET ADDRESS	1288 FRIENDSHIP DRIVE	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELIE, JEAN R REV.	
STREET ADDRESS	350 10TH STREET N #11	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SOLANO, JOSEPH O	
STREET ADDRESS	707 COLORADO AVE #3	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUGUSTIN, MARYSE	
STREET ADDRESS	1288 FRIENDSHIP DRIVE	
CITY-ST-ZIP	IMMOKALEE, FL 34142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY ELAIDE	
STREET ADDRESS	1288 FRIENDSHIP DRIVE	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEGE ALCE	
STREET ADDRESS	1288 FRIENDSHIP DRIVE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Elyse Alce, ELYSE ALCE, 02-06-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-324-57-66

ATTACHMENT

66000966

N07000008559

Form **SS-4**

(Rev. July 2007)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

83-0505639

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested THE CHURCH OF GOD OF CHARITY, INC	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Rev ELYSE ALCE
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1288 FRIENDSHIP DRIVE	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) IMMOKALEE Florida 34142	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located COLLIER Florida	
7a Name of principal officer, general partner, grantor, owner, or trustee REV ELYSE ALCE	7b SSN, ITIN, or EIN 83-0505639	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input checked="" type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) if any ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
11 Date business started or acquired (month, day, year). See instructions. AUGUST 29, 2007		12 Closing month of accounting year
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
Agricultural	Household	Other
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). AUGUST 29, 2007		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify)		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. CHURCH		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ 83-0505639		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name THE CHURCH OF GOD OF CHARITY, INC	Designee's telephone number (include area code) (239) 324-5766
	Address and ZIP code 1288 FRIENDSHIP DRIVE IMMOKALEE 34142	Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶ ELYSE ALCE		Applicant's fax number (include area code) ()
Signature ▶ Elyse Alce		Date ▶ 12-06-08

ADDITIONS OFFICERS

ATTACHMENT

V.D

66000966

#N070000008554

HENRY - CLAUDE

AUGUSTIN

1288 FRIENDSHIP DRIVE
IMMOKALEE FLORIDA 34142

T.D NADEGE ALCE

1288 FRIENDSHIP DRIVE
IMMOKALEE FL 34142