2009

~~2008~~ NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2009 MAR -5 A 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000008554

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

Principal Place of Business
420 SCHOOL DRIVE
IMMOKALEE, FL 34142

P.O BOX 1269
IMMOKALEE FLA 34143
12-69

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
420 SCHOOL DRIVE	1288 FRIENDSHIP DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
IMMOKALEE	IMMOKALEE
City & State: Florida	City & State: FLA
Zip: 34142 Country: COLLIER	Zip: 34142 Country: COLLIER

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	7. Name and Address of New Registered Agent
ALCE, ELYSE REV. 1288 FRIENDSHIP DRIVE IMMOKALEE, FL 34142	Name: ELYSE ALCE REV Street Address (P.O. Box Number is Not Acceptable): 1288 FRIENDSHIP DRIVE City: IMMOKALEE FL. 34142 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: ELYSE ALCE Elyse Alce 02-25-2009
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
~~Due January 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIEUSEUL, JEROME REV. 770 NW 186 DRIVE MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition VD ELIEZER ALCE 1288 FRIENDSHIP DRIVE IMMOKALEE FL 34142
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALCE, ELYSE REV. 1288 FRIENDSHIP DRIVE IMMOKALEE, FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TD YOLANDE JOSPH P.O BOX 1269 IMMOKALEE FL 34143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELIE, JEAN R REV. 350 10TH STREET N #11 NAPLES, FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition D HENRY AUGUSTIN P.O BOX 1269 IMMOKALEE FL 34142
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOLANO, JOSEPH O 707 COLORADO AVE #3 IMMOKALEE, FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 70014504792703/05/09--01024--005 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AUGUSTIN, MARYSE 1288 FRIENDSHIP DRIVE IMMOKALEE, FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NADEGE ALCE 1288 FRIENDSHIP DRIVE IMMOKALEE FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Elyse Alce ELYSE ALCE 02-25-09 239 3628981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #