


2000 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

10 APR 12 AM 8:55

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 FL 34143
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 1269
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Suite, Apt. #, etc. 1288 FRIENDSHIP DR	Suite, Apt. #, etc.
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City & State IMMOKALEE Florida	City & State IMMOKALEE Collier FL
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Zip 34142	Country Collier	Zip 34143	Country Collier
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ALCE, ELYSE REV. 1288 FRIENDSHIP DRIVE IMMOKALEE, FL 34142	Name ALCE ELYSE REV. Street Address (P.O. Box Number is Not Acceptable) 1288 FRIENDSHIP DRIVE City IMMOKALEE, FL Zip Code 34142
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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 4-8-2010
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200175468452 04/12/10--01074--002 **78.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALCE, ELYSE REV. 1288 FRIENDSHIP DRIVE IMMOKALEE, FL 34142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELIE, JEAN R REV. 350 10TH STREET N #11 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SOLANO, JOSEPH O 707 COLORADO AVE #3 IMMOKALEE, FL 34142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AUGUSTIN, MARYSE 1288 FRIENDSHIP DRIVE IMMOKALEE, FL 34142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 approved.

SIGNATURE: Elyse Alce 04-8-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #