


2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

10 NOV 23 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000008940 1. Entity Name CHURCH OF GOD APOSTOLIC VISION INC.	
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Principal Place of Business 5018 NW 7TH AVE MIAMI, FL 33127	Mailing Address 5018 NW 7TH AVE MIAMI, FL 33127
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2. Principal Place of Business - No P.O. Box # 4810 N.E 2nd Avenue Suite, Apt. #, etc. Miami, Florida 33137	3. Mailing Address Suite, Apt. #, etc.
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09212010 Chg-NP CR2E037 (11/08)

City & State Miami Florida	City & State
Zip 33137	Country U.S.A

4. FEI Number N/A	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GESNER FILS-AIME, JEAN 71 NW 37TH STREET MIAMI, FL 33127

7. Name and Address of New Registered Agent Name N/A
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 Jean Gesner Fils-Aime 09-27-2010
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 September 24, 2010**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	S	
NAME	HERARD, FRANCKEL	
STREET ADDRESS	7316 NE 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T	
NAME	DUCLOS, ERILUS	
STREET ADDRESS	1237 NW 54TH ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	AS	
NAME	FELIX, MREI ANGE	
STREET ADDRESS	44 NW 27TH ST	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	700185148587	
NAME	09/20/10--01006--002 **78.75	
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS	N/A	
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: Herard Franckel 09-27-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #