

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29655

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** THE CHURCH OF GOD, EVENING LIGHT, INC.

**Current Principal Place of Business:**

235 NW 47 ST  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

11271 SW 242 STREET  
HOMESTEAD, FL 33032 US

**New Mailing Address:**

**FEI Number:** 65-0123633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAY, CHARLES  
11271 SW 242ND STREET  
HOMESTEAD, FL 33032 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLAY, CHARLES  
Address: 11271 SW 242 STREET  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: V ( ) Delete  
Name: EDWARDS, RODNEY  
Address: 13501 SW 267TH STREET  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: T ( ) Delete  
Name: BECKFORD, LUCINDA  
Address: 1640 N.W. 154TH STREET  
City-St-Zip: MIAMI, FL 33054 US

Title: S ( ) Delete  
Name: EDWARDS, FLORINE  
Address: 13501 S.W. 267 ST.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BAXTER, KENNETH D  
Address: 24393 SW 113 AVENUE  
City-St-Zip: PRINCETON, FL 33032 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORINE EDWARDS

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date