

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34863

FILED
Apr 23, 2009
Secretary of State

Entity Name: CHURCH OF GOD AND SAINTS OF CHRIST, CARE HOME, INC.

Current Principal Place of Business:

2260 NW 117TH ST
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

2260 N.W. 117TH ST.
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0151005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAMIE WILSON
2260 NW 117TH ST
MIAMI, FL 33167 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: PD () Delete
Name: WILSON, MAMIE
Address: 2260 NW 117TH ST
City-St-Zip: MIAMI, FL 33167

Title: VSD () Delete
Name: WILSON, JOHN
Address: 11402 NW 22ND AVE.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: WORTHAN, WALTER
Address: 9026 NW 20 AVE.
City-St-Zip: MIAMI, FL

Title: TRD () Delete
Name: WILSON, YVONNE
Address: 9009 N.W. 21ST AVE
City-St-Zip: MIAMI, FL 33147

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: TRUD (X) Change () Addition
Name: WILSON, YVONNE
Address: 9009 N.W. 21ST AVE
City-St-Zip: MIAMI, FL 33147

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: YVONNE WILSON

TRUD

04/23/2009

Electronic Signature of Signing Officer or Director

Date