

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34863

**FILED**  
**May 03, 2011**  
**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  
Name: WILSON, MAMIE  
Address: 2260 NW 117TH ST  
City-St-Zip: MIAMI, FL 33167

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: YVONNE WILSON

TRUS

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date