

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N35880 1. Entity Name CROWN OF GLORY CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 3225 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404			Mailing Address 3355 NW 213TH TERR MIAMI FL 33056 US		
2. Principal Place of Business Church			3. Mailing Address Same as Above		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country USA		4. FEI Number 65-0161901	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SEYMOUR-CAMPBELL, RUBY 5042 PEMBROKE ROAD HOLLYWOOD FL 33021				7. Name and Address of New Registered Agent Name 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, IRVIN 3355 NW 213 TERRACE MIAMI FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, AMOS 3370 NW 213TH TERRACE MIAMI FL 33056	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, RUTH 3355 NW 213 TERRACE MIAMI FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, DARWIN 5600 PEMBROKE RD. HOLLYWOOD FL 33023	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DERRICK R 2 FOX HOLLOW DRIVE ORMOND BEACH FL 32114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____