## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 31, 2008 08:00 Al Secretary of State DOCUMENT # N35880 1. Entity Name CROWN OF GLORY CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address 3225 OLD DIXIE HIGHWAY 3355 NW 213TH TERR **RIVIERA BEACH FL 33404** MIAMI FL 33056 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0161901 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, RUTH W Street Address (P.O. Box Number is Not Acceptable) 3355 N.W. 213TH TERRACE MIAMI GARDENS FL 33056 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 (NOTE: Beg-stered Agent signature required when reinstance) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete TITLE TITLE ☐ Change ☐ Addition HARRIS, IRVIN NAME U00000876584 3355 NW 213 TERRACE STREET ADDRESS STREET ADDRESS 04/11/08-80077-013 61.25 MIAMI FL CITY-ST-ZIP CITY-ST-ZIP VD Delete Change Addition WALKER, AMOS NAME 3370 NW 213TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP City-St-ZiP SD TITLE ☐ Delete TITLE nortibbA 🔲 HARRIS, RUTH NAME NAME 3355 NW 213 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI FL CITY-ST-ZIP TD TiTLE ☐ Delete TITLE Change ☐ Addition HARRIS, DARWIN NAME NAME 5600 PEMBROKE RD. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 City-St-ZiP CITY-ST-ZiP TITLE ☐ Delete MILE Change ■ Addition HARRIS, DERRICK R NAME NAME 2 FOX HOLLOW DRIVE STREET AUDRESS STREET ADDRESS ORMOND BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZiP THLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 logal 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:

Hann - Paster/PD

3/26/08

6240136