


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90143 015 ****61.25

DOCUMENT # N41146
 1. Entity Name
CHURCH WITH A VISION INSPIRED BY GOD, INC.



Principal Place of Business
 2955 NW 62ND ST.
 MIAMI, FL 33147

Mailing Address
 P.O. BOX 430093
 MIAMI, FL 33243

40066600



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0239557

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MICKENS, DOROTHY
 6610 SW 62ND COURT
 MIAMI, FL 33143

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 DOROTHY MICKENS DATE 4-19-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MICKENS, DOROTHY	
STREET ADDRESS	6610 SW 62ND COURT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TOLIVER, SANDRA	
STREET ADDRESS	2217 N.W. 99TH ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALICE HARRIS	
STREET ADDRESS	20855 NW 9TH CT BLDG 1 APT 101	(deceased) 7-4-04
CITY-ST-ZIP	NORTH DADE, DL 33169	
TITLE		<input type="checkbox"/> Delete
NAME	Cynthia Longworth	
STREET ADDRESS	2200 NW 47 Terrace	
CITY-ST-ZIP	Miami FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia Longworth	
STREET ADDRESS	2200 NW 47 Terrace	
CITY-ST-ZIP	Miami FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorothy Mickens DATE: 4-19-05 DAYTIME PHONE #: 305 799-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR