

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N44677

1. Entity Name
THE CHURCH OF GOD OF NORTH DADE, INC.



Principal Place of Business
**16400 NW 45TH AVENUE
OPA LOCKA, FL 33054 US**

Mailing Address
**P O BOX 694142
MIAMI, FL 33269 US**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0277245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HILL, MICHAEL
8245 NW 199TH ST
MIAMI, FL 33015**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VTR
MCKNIGHT, WILLIAM
1461 NW 174TH ST
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
RANDLE, AMOS
731 JANN AVENUE
OPA LOCKA, FL 33054**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STTR
CODRINGTON, JUANITA
1450 NW 174TH ST
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000358358
05/04/05-80112-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Juanita Codrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 *305-621-1060*
Date Daytime Phone #