

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44770

FILED
Jul 31, 2006
Secretary of State

Entity Name: GOD'S TOTAL WORD MINISTRIES OF THE APOSTOLIC FAITH INC.

Current Principal Place of Business:

3311 NW 189 ST
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

PO BOX #680831
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0298984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRACE, MELVIN W.
1421 N.W. 111 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 () Delete
Name: GRACE, MELVIN W. JR.,
Address: PO BOX 680831
City-St-Zip: MIAMI, FL 33168

Title: T () Delete
Name: BENNETT, MONIQUE
Address: PO BOX 680831
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: MOORE, DEBORAH
Address: 8380 NE 3RD AVENUE
City-St-Zip: MIAMI, FL 33138

Title: C () Delete
Name: CURRY, KAREN
Address: 2998 NW 83 RD TERRACE
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: GRACE, VALARIE R
Address: PO BOX #680831
City-St-Zip: MIAMI, FL 33168

Title: C () Delete
Name: HOLMES, MICHAEL
Address: 3540 N.W. 206 ST
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VALARIE R GRACE

VP

07/31/2006

Electronic Signature of Signing Officer or Director

Date