

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2007
Secretary of State**

DOCUMENT# N46758

Entity Name: HOLY MISSION FULL GOSPEL CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

2025 NW 24TH AVE.
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2410 NW 137 TERRACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0303145 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVERS, AGNES
2410 N.W. 137 TERRACE
SUNRISE, FL 33323 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: RIVERS, AGNES
Address: 2410 N.W. 137 TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: RIVERS, WILLIE
Address: 2410 N.W. 137 TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: HARRIS, MAJORIE
Address: 1649 NW 13TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D () Delete
Name: CHANCE, JEFFERY
Address: 2025 NW 24TH AVE.
City-St-Zip: FT LAUDERDALE, FL 33311

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AGNES RIVERS

PD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date