


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90058 048 ****75.00

DOCUMENT # N50190					
1. Entity Name: GOULDS COALITION OF MINISTERS AND LAY PEOPLE, INC.					
Principal Place of Business 10705 SW 216TH ST. UNIT #214 GOULDS FL 33170 US			Mailing Address PO BOX 96 GOULDS FL 33170 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2824419	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, ALICE 22365 SW 112TH PLACE GOULDS FL 33170				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 _____ N/A _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ALICE		NAME		
STREET ADDRESS	22365 SW 112 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CHARLES L		NAME	Tranthen, James B.	
STREET ADDRESS	10720 SW 218TH ST		STREET ADDRESS	2375 SE 7 Place	
CITY-ST-ZIP	GOULDS FL 33170		CITY-ST-ZIP	Homestead, FL 33033	
TITLE	C,	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARVIN, JESSIE		NAME	Williams, Charles	
STREET ADDRESS	11695 SW 220TH ST.		STREET ADDRESS	10720 SW @! *TH ST	
CITY-ST-ZIP	MIAMI FL 33170		CITY-ST-ZIP	Goulds, FL 33170	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, CLARA PASTOR		NAME		
STREET ADDRESS	10730 SW 217TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROUSSARD, BARBARA		NAME		
STREET ADDRESS	14841 PIECE ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERETT, MAE		NAME		
STREET ADDRESS	16243 SW 107TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		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: <i>Alice Adams</i>			Alice Adams, Registered Agent (02/04/05)(305)233-2128.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



1st MOORE CR2E037 (10/04)