

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50190

FILED
Apr 29, 2010
Secretary of State

Entity Name: GOULDS COALITION OF MINISTERS AND LAY PEOPLE, INC.

Current Principal Place of Business:

10705 SW 216TH ST.
UNIT #214
GOULDS, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 96
GOULDS, FL 33170 US

New Mailing Address:

FEI Number: 59-2824419 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, CHARLIE
10720 S.W. 218 STREET
MIAMI, FL 33170 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: D
Name: ADAMS, ALICE
Address: 22365 SW 112 PLACE
City-St-Zip: MIAMI, FL 33170

Title: D
Name: EVERETT, MAE
Address: 16243 SW 107TH PLACE
City-St-Zip: MIAMI, FL 33157

Title: C
Name: WRIGHT, WILLIE J
Address: 18651 S.W. 128TH AVE
City-St-Zip: MIAMI, FL 33177

Title: S
Name: DANIEL, CLARA PASTOR
Address: 10730 SW 217TH STREET
City-St-Zip: MIAMI, FL 33170

Title: T
Name: BROUSSARD, BARBARA
Address: 14841 PIERCE STREET
City-St-Zip: MIAMI, FL 33176

Title: D
Name: BROWN, BRADFORD
Address: 11266 SW 166TH TERRACE
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: BARBARA BROUSSARD

T

04/29/2010

Electronic Signature of Signing Officer or Director

Date