

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004665

FILED
May 11, 2009
Secretary of State

Entity Name: CHURCH OF ALPHA AND OMEGA HOUSE OF PRAYER FOR ALL THE PEOPLE OF GOD INC.

Current Principal Place of Business:

18800 NW 2ND AVENUE
MIAMI, FL 332690118

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693118
MIAMI, FL 332690118

New Mailing Address:

3500 SW 174TH WAY
MIRAMAR, FL 33029

FEI Number: 65-0445356 **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:

RIDORE, MOLIERE PASTOR
18800 NW 2ND AVENUE
MIAMI, FL 332690118 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: RIDORE, MOLIERE
Address: 3500 SW 174 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: TVD () Delete
Name: RIDORE, YOLETTE
Address: 3500 SW 174TH WAY
City-St-Zip: MIRAMAR, FL 33029

Title: S () Delete
Name: CHARLES, CHANTAL
Address: 20866 NW 2 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ST () Delete
Name: DESSOURCE, SOLANGE
Address: 27 NE 187 STREET
City-St-Zip: MIAMI, FL 33179

Title: T () Delete
Name: CHERY, MILTON
Address: 6304 DEWEY ST
City-St-Zip: HOLLYWOOD, FL 33023

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:

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: YOLETTE RIDORE

TVD

05/11/2009

Electronic Signature of Signing Officer or Director

Date