

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002208

FILED
Mar 30, 2007
Secretary of State

Entity Name: HALLELUJAH SQUARE CHURCH OF GOD, INC.

Current Principal Place of Business:

3056 SOUTH STATE RD 7
MIRAMAR, FL 33023 US

New Principal Place of Business:

2271 EVERGLADES DR
MIRAMAR, FL 33023 US

Current Mailing Address:

P.O. BOX 4878
HOLLYWOOD, FL 33083 US

New Mailing Address:

FEI Number: 65-0487657 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: TD () Delete
Name: MONEREFFE, LELAND
Address: 818 SW 9 ST., APT. E
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: BROWN, JANET
Address: 6057 SW 34 ST.
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: WILLIAMS, GLENIS
Address: 2271 EVERGLADES DR
City-St-Zip: MIRAMAR, FL 33023

Title: P () Delete
Name: WILLIAMS, REV DR SYLBURN
Address: 2271 EVERGLADES DR
City-St-Zip: MIRAMAR, 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:

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: GLENIS WILLIAMS

A P

03/30/2007

Electronic Signature of Signing Officer or Director

Date