


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N94000004069	
1. Entity Name SHADY GROVE APOSTOLIC HOLINESS CHURCH, INC.	

Principal Place of Business 2515 NW 95 ST MIAMI, FL 33147	Mailing Address 2515 NW 95 ST MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0533998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ELDER ASTLEY  
2239 NW 102 STREET  
MIAMI, FL 33147

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, ELDER 2239 NW 102 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIRON Mary 17111 NE 14 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUGHTON, DOREEN D 19700 NE MIAMI CT MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/05-80038-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Elder Lewis 3/3/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #