


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000004069 1. Entity Name SHADY GROVE APOSTOLIC HOLINESS CHURCH, INC.	
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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



01282008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent LEWIS, ELDER ASTLEY 2239 NW 102 STREET MIAMI, FL 33147	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

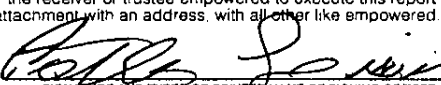
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, ELDER 2239 NW 102 STREET 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	

DO NOT WRITE IN THIS SPACE

U000000828282
02/25/08-80006-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____