


**2006, NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000005095 1. Entity Name CHURCH OF GOD - HONDURAS, INC.		
Principal Place of Business 3101 N.W. 7TH AVENUE MIAMI, FL 33127	Mailing Address 3211 N.W. 11TH AVENUE MIAMI, FL 33127	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CONNOR, KRINCEZESS 3211 NW 11 PLACE MIAMI, FL 33127		DO NOT WRITE IN THIS SPACE
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: <i>Krincezess Connor</i> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONNOR, KRINCEZESS 3211 N.W. 11TH PLACE MIAMI, FL 33127	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CONNOR, LETTA 3211 N.W. 11TH PLACE MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HYNDS, MARVA 1478 N.W. 39TH STREET MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Krincezess Connor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED

06 MAY 31 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05202006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0566860

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

5-25-2006

DATE

200076292472
05/15/06--01042--002 **69.01

5-25-2006

Date

Daytime Phone #