

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

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



06032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0566860

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNOR, KRINCEZESS
3211 NW 11 PLACE
MIAMI, FL 33127

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CONNOR, KRINCEZESS
STREET ADDRESS 3211 N.W. 11TH PLACE
CITY-ST-ZIP MIAMI, FL 33127

TITLE TD
NAME CONNOR, LETTA
STREET ADDRESS 3211 N.W. 11TH PLACE
CITY-ST-ZIP MIAMI, FL 33127

TITLE SD
NAME HYNDS, MARVA
STREET ADDRESS 1478 N.W. 39TH STREET
CITY-ST-ZIP MIAMI, FL 33142

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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IN THIS SPACE**

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 #