
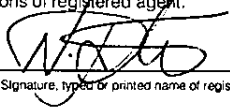




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005805 1. Entity Name CHURCH OF GOD OF HOLINESS OF CHRIST, INC.						FILED 06 MAY -4 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05-06	
Principal Place of Business 333 N.W. 30TH ST MIAMI, FL 33127				Mailing Address PO BOX 640812 MIAMI, FL 33164 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0557944				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUTES, NADEGE 501 NE 177 ST NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Mathew Jean - Baptiste Street Address (P.O. Box Number is Not Acceptable) 2260 N.W 60 terr City Sunrise FL Zip Code 33313			
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  President <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 officer <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUTES, NADEGE 501 NW 177 ST NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 MATHew Jean Baptiste 2260 NW 60 Terr Sunrise, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PIERRE, MARIE G 333 NW 30 ST #REAR MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061555886 06/07/06--01003--019 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BITON, TEPHAS 321 NE 183RD ST MIAMI, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061555886 11/21/05--01003--001 **236.35	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-10-05 305 576 1477 <small>Date Daytime Phone #</small>			