

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 08, 2006 8:00 am
Secretary of State

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01092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000006288 1. Entity Name TOUCH OF GOD'S MINISTRY, GOD'S CALLING GOSPEL HOLINESS CHURCH INC.					
Principal Place of Business 5235 N.W. 24TH CT. MIAMI, FL 33142			Mailing Address 5235 N.W. 24TH CT. MIAMI, FL 33142		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0605902	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPANN, BERNICE M 5235 N.W. 24TH CT. MIAMI, FL 33142					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE	P	NAME	Delete	TITLE	Delete
NAME		SPANN, BERNICE M	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		5235 N.W. 24TH CT.		STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		MIAMI, FL		CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D	NAME	Delete	TITLE	Change
NAME		DAVIS, CATHERINE	<input checked="" type="checkbox"/>	NAME	Addition
STREET ADDRESS		3701 NW 71ST		STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		MIAMI, FL		CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D	NAME	Delete	TITLE	Change
NAME		DAVIS, CARL	<input checked="" type="checkbox"/>	NAME	Addition
STREET ADDRESS		3701 NW 71ST		STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		MIAMI, FL		CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D	NAME	Delete	TITLE	Change
NAME		DAVIS, CATHERINE	<input type="checkbox"/>	NAME	Addition
STREET ADDRESS		3701 N.W. 71ST ST.		STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		MIAMI, FL 33147		CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D	NAME	Delete	TITLE	Change
NAME		DAVIS, CARL	<input type="checkbox"/>	NAME	Addition
STREET ADDRESS		3701 N.W. 71ST ST.		STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		MIAMI, FL 33147		CITY-ST-ZIP	<input type="checkbox"/>
TITLE		NAME	Delete	TITLE	Change
NAME			<input type="checkbox"/>	NAME	Addition
STREET ADDRESS				STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/>
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SECRETARY Linda Ross 298 NW 157th Miami FL 33154 Treasurer Calvin Moore 1125 MARSEILLE BLVD 444 MIAMI FL 33141					
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>Bernice Spann</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/5/06 786-319-7320 <small>Date Daytime Phone #</small>	