

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # N94000006288 1. Entity Name TOUCH OF GOD'S MINISTRY GOD'S CALLING GOSPEL HOLINESS CHURCH INC.	
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Principal Place of Business 5235 N.W. 24TH CT. MIAMI FL 33142	Mailing Address 5235 N.W. 24TH CT. MIAMI FL 33142
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-0605902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete SPANN, BERNICE M STREET ADDRESS: 5235 N.W. 24TH CT. CITY-ST-ZIP: MIAMI FL
TITLE	S <input type="checkbox"/> Delete ROSS, LINDA STREET ADDRESS: 2981NW 157 TER CITY-ST-ZIP: MIAMI FL 33054
TITLE	T <input type="checkbox"/> Delete MOORE, CALVIN STREET ADDRESS: 1125 MARSEILLE DR, # 4A CITY-ST-ZIP: MIAMI FL 33141
TITLE	D <input type="checkbox"/> Delete DAVIS, CATHERINE STREET ADDRESS: 3701 N.W. 71ST ST. CITY-ST-ZIP: MIAMI FL 33147
TITLE	D <input type="checkbox"/> Delete DAVIS, CARL STREET ADDRESS: 3701 N.W. 71ST ST. CITY-ST-ZIP: MIAMI FL 33147
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 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 Section 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: Bernice Spann *Bernice Spann* 5/11/07 305-638-1883