2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N94000006288

Entity Name: TOUCH OF GOD'S MINISTRY GOD'S CALLING GOSPEL HOLINESS CHURCH INC.

Current Principal Place of Business:

5235 N.W. 24TH CT.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5235 N.W. 24TH CT.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0605902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPANN, BERNICE M
5235 N.W. 24TH CT.
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPANN, BERNICE M
Address: 5235 N.W. 24TH CT.
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: ROSS, LINDA
Address: 2981NW 157 TER
City-St-Zip: MIAMI, FL 33054

Title: T ( ) Delete
Name: MOORE, CALVIN
Address: 1125 MARSEILLE DR, # 4A
City-St-Zip: MIAMI, FL 33141

Title: D ( ) Delete
Name: DAVIS, CATHERINE
Address: 3701 N.W. 71ST ST.
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: DAVIS, CARL
Address: 3701 N.W. 71ST ST.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: KING, THERON
Address: 2981NW 157 TER
City-St-Zip: MIAMI, FL 33054

Title: T (X) Change ( ) Addition
Name: HARVARD, JAMES
Address: 1125 MARSEILLE DR, # 4A
City-St-Zip: MIAMI, FL 33141

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KING, THERON
Address: 1805 NW 188 TER
City-St-Zip: MIAMI, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE SPANN PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date