

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90045 045 ****70.00

DOCUMENT # N95000001021					
1. Entity Name SHIVERS TEMPLE CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 1518 NW 17TH AVE. POMPANO BEACH, FL 33069			Mailing Address 1518 NW 17TH AVE. POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0565265	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHOWERS, RAYFIELD 4752 NW 6TH PLACE COCONUT CREEK, FL 33063				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 <u>Rayfield Showers</u> <small>Signature of and 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, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SHOWERS, RAYFIELD STREET ADDRESS 4752 NW 6TH PL. CITY-ST-ZIP COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE Apryl Granison S NAME Apryl Granison S STREET ADDRESS Apryl Granison S CITY-ST-ZIP Apryl Granison S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME SHOWERS, RAYMOND STREET ADDRESS 160 NW 154TH CT CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE Shivers, Joan FS NAME Shivers, Joan FS STREET ADDRESS 507 NW 7TH AVE. CITY-ST-ZIP POMPANO Bch. FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HEATH, WILLIE RUTH STREET ADDRESS 1651 NW 6TH AVE. CITY-ST-ZIP POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete		TITLE Gloria Bryant-Treasury NAME Gloria Bryant-Treasury STREET ADDRESS Gloria Bryant-Treasury CITY-ST-ZIP POMPANO Bch. FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE FS NAME SHOWERS, BESSIE STREET ADDRESS 4752 NW 6TH PLACE CITY-ST-ZIP COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/> Delete		TITLE FS NAME SHOWERS, BESSIE STREET ADDRESS 4752 NW 6TH PLACE CITY-ST-ZIP COCONUT CREEK, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SHIVERS, JOAN STREET ADDRESS 507 NW 7TH AVE. CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE S NAME SHIVERS, JOAN STREET ADDRESS 507 NW 7TH AVE. CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SHIVERS, JOAN STREET ADDRESS 507 NW 7TH AVE. CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE S NAME SHIVERS, JOAN STREET ADDRESS 507 NW 7TH AVE. CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rayfield Showers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/20/07 (954) 984-5987 <small>Date Daytime Phone #</small>		