

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001021

FILED
Mar 30, 2009
Secretary of State

Entity Name: SHIVERS TEMPLE CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

1518 NW 17TH AVE.
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1518 NW 17TH AVE.
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0565265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHOWERS, RAYFIELD
4752 NW 6TH PLACE
COCONUT CREEK, FL 33063 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: S () Delete
Name: GRANISON, APRYL
Address: 6356 WILLOW BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: FS () Delete
Name: SHIVERS, JOAN
Address: 507 NW 7TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: BRYANT, GLORIA
Address: 1651 NW 6TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: RAYMOND, SHOWERS
Address: 1601 NW 15TH CT
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RAYFIELD SHOWERS

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date