

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004333

FILED  
Mar 17, 2007  
Secretary of State

**Entity Name:** MINISTERS OF GOD WORSHIP CENTER PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:**

4008 N.W. 167 STREET  
MIAMI, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

4008 N.W. 167 STREET  
MIAMI, FL 33054 US

**New Mailing Address:**

**FEI Number:** 65-0613158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETHEA, RUBY  
767 NW 65 STREET  
MIAMI, FL 33150 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: PD ( ) Delete  
Name: BETHEA, RUBY  
Address: 767 N.W. 65 ST.  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: WILLIAMS, CHEVETTE  
Address: 767 NW 65 ST  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: BEAUFORT, FLORA E  
Address: 3808 S.W. 52 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: SD ( ) Delete  
Name: ROBINSON, SARAH  
Address: 12401 NW 27 AVE., #G220  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: GREEN, MARTHA  
Address: 1260 NW 41 ST.  
City-St-Zip: MIAMI, FL 33142

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBY BETHEA

PD

03/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date