

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004333

FILED
Apr 20, 2009
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: S () Delete
Name: BEAUFORT, RICTRESSA
Address: 2550 NW 162ND TERRANCE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: BEAUFORT, ANTHONY
Address: 2550 NW 162ND TERRACE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: BETHEA, WILLIE J
Address: 767 NW 65 STREET
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BEAUFORT, FLORA E
Address: 3408 ACAPULCO DRIVE
City-St-Zip: MIRAMAR, FL 33023

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: RUBY BETHEA

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date