2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004
Secretary of State

DOCUMENT# N96000001614

Entity Name: THE CHURCH OF GOD IN MIAMI, INC.

Current Principal Place of Business:

15327 SW 60 LANE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

PO BOX 831566
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-0652405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTAO, ANTONIO
15383 S.W. 57 STREET
MIAMI, FL 33193

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: D ( ) Delete
Name: MORENO, NELSON
Address: 15327 S.W. 60 LANEET
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete
Name: FONTAO, ANTONIO
Address: 15383 S.W. 57 STREET
City-St-Zip: MIAMI, FL 33193

Title: SD ( ) Delete
Name: FONTAO, ALEIDA
Address: 15383 S.W. 57 STREET
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: WHITING, RUBY
Address: 333 S.W. 30 ROAD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MORENO, NELSON
Address: 15327 S.W. 60 LANE
City-St-Zip: MIAMI, FL 33193

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 Section 119.07(3)(i), 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: ALEIDA FONTAO SD 08/10/2004

Electronic Signature of Signing Officer or Director — Date