

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001317

FILED
Feb 20, 2006
Secretary of State

Entity Name: TRUE GOSPEL HOLINESS CHRISTIAN CENTER, INC.

Current Principal Place of Business:

8226 NE 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

8222 NE 2ND AVENUE
MIAMI, FL 33138

Current Mailing Address:

8226 NE 2 AVENUE
MIAMI, FL 33138

New Mailing Address:

8222 NE 2 AVENUE
MIAMI, FL 33138

FEI Number: 59-3523592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEL, ABNER
470 NW 108 STREET
MIAMI, FL 33168 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: NOEL, ABNER
Address: 470 NW 108 STREET
City-St-Zip: MIAMI, FL 33168

Title: VD () Delete
Name: ZAMOR, MARIE E
Address: 149 NW 88 STREET
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: JEAN BAPTISTE, MARIE
Address: 533 NW 73 LANE
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: EDDY, JOSEPH
Address: 295 NW 108 STREET
City-St-Zip: MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FRANCOIS, CHANTAL F
Address: 12501 N.E13 AVENUE
City-St-Zip: MIAMI, FL 33161

Title: SD (X) Change () Addition
Name: RICHEMOND, JUDITH J
Address: 2266 N.E 173 STREET
City-St-Zip: MIAMI, FL 33161

Title: TD (X) Change () Addition
Name: CHRISTIANA, DESTIN
Address: 665 N.E 133 STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Change (X) Addition
Name: CLERCIVIL, DESIR L
Address: 142 N.E 78 STREET
City-St-Zip: MIAMI, FL 33138

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: ABNER NOEL

PD

02/20/2006

Electronic Signature of Signing Officer or Director

Date