

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004271
 1. Entity Name
 THE CHURCH OF GOD FELLOWSHIP MINISTRIES INC.



Principal Place of Business Mailing Address
 1770 N.W. 135TH STREET 1770 N.W. 135TH STREET
 MIAMI, FL 33167 MIAMI, FL 33167



DO NOT WRITE IN THIS SPACE

01182005 No Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
 65-0779654 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAMS, FESTUS E REV.
 1770 N.W. 135TH STREET
 MIAMI, FL 33167

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ U00000221211
 _____ 02/08/05-80018-022 8.75
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000221211
 _____ _____ 02/08/05-80018-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, FESTUS E
STREET ADDRESS	1770 N.W. 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	WILLIAMS, SYBIL
STREET ADDRESS	1770 N.W. 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	FORBES, MARY
STREET ADDRESS	2941 N.W. 152 TERRACE
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D J Williams 02-02-05 305-685-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #