


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90023 001 ****61.25
 03-27-2007 90023 002 *****8.75

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



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

Mailing Address
**1770 N.W. 135TH STREET
 MIAMI, FL 33167**

66006689



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03152007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0779654

Applied For
 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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, FESTUS E	
STREET ADDRESS	1770 N.W. 135TH STREET	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, SYBIL	
STREET ADDRESS	1770 N.W. 135TH STREET	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORBES, MARY	
STREET ADDRESS	2941 N.W. 152 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Festus Williams* 03-21-07 305-685-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #