


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N98000000633 1. Entity Name CHURCH OF GOD SEVENTH DAY OF SOUTH MIAMI INC.	
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Principal Place of Business 24455 SW 127TH AVENUE HOMESTEAD, FL 33032	Mailing Address PO BOX 560454 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0827271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MODESTE, EZRA 8741 SW 213 TERR MIAMI, FL 33189
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP POLIUS, ORA A 14910 SW 149 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEONCE, MERLINE 11408 SW 151 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, MARY H 11281 SW 180 ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000725010
05/03/07-80005-010 61.25

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: 	4-18-07	305-995-3926
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>