

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000001173**

1. Entity Name  
**SHAMMAH OF GOD WORSHIP CENTER, INC.**



Principal Place of Business  
**1446 25TH ST. SW  
VERO BEACH, FL 32962**

Mailing Address  
**1446 25TH ST. SW  
VERO BEACH, FL 32962**



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0896659**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PEARCE, VOLTAIRE G SR.  
1446 25TH ST. SW  
VERO BEACH, FL 32962**

**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 JEWEL SMITH

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/04  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

000000147460  
05/03/04-80105-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
SMITH, JEWEL  
1396 24TH ST SW  
VERO BEACH, FL 32962**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PIERCE, JOSEPH J SR  
607 CARVER DR  
LAKE WALES, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
SWEET, MAGDALENE  
1471 SANDUSKY ST SE  
PALM BAY, FL 32909**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GORDON, BLONDELL  
1371 NOLAND ST NE  
PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
PEARCE, JIM  
719 KIRK AVE P.O. BOX 575  
BROWNSVILLE, OR 97327**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PIERCE, SAM  
749 HAZELTINE AVE SE  
SALEM, OR 973061755**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jewel Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04  
Date

Daytime Phone #