## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001173

Jul 14, 2006 Secretary of State

FILED

Entity Name: SHAMMAH OF GOD WORSHIP CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1446 25TH ST. SW VERO BEACH, FL 32962 **Current Mailing Address: New Mailing Address:** 1446 25TH ST. SW VERO BEACH, FL 32962 FEI Number: 65-0896659 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEARCE, VOLTAIRE G SR. 1446 25TH ST. SW VERO BEACH, FL 32962 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, JEWEL Name: Name: 1396 24TH ST SW Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: PIERCE, JOSEPH J SR Name: PIERCE, JOSEPH J SR Address: 607 CARVER DR Address: 2656 S SCENIC HIGHWAY City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: LAKE WALES, FL 33898 Title: () Delete Title: () Change () Addition SWEET, MAGDALENE Name: Name: 1471 SANDUSKY ST SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GORDON, BLONDELL Name: 1371 NOLAND ST NE Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: ( ) Delete Title: VD (X) Change ( ) Addition PEARCE, JIM PEARCE, JIM JR. Name: Name: 719 KIRK AVE P.O. BOX 575 719 KIRK AVE P.O. BOX 575 Address: Address: BROWNSVILLE, OR 97327 BROWNSVILLE, OR 97327 City-St-Zip: City-St-Zip:

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: VOLTAIRE PEARCE SR. P 07/14/2006