2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001886

FILED Mar 29, 2006 Secretary of State

Entity Name: HOPE 7TH DAY CHURCH OF GOD, INC.

	Principal Place of Business:	New Principal Place	of Business:
	BTH AVENUE N BEACH, FL 33435 US		
Current N	Mailing Address:	New Mailing Addres	s:
	35 TERRACE DALE LAKES, FL 33311 US		
FEI Numbei	r: 52-2142497 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
2732 N.W	AN, MICHAEL /. 35TH TERRACE DALE LAKES, FL 33311 US		
	e named entity submits this statement for the te of Florida.	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	JRE:		
	Electronic Signature of Registered Ag	gent	Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DP () Delete CHRISTIAN, MICHAEL MR. 2732 N.W. 35TH TERRACE LAUDERDALE LAKES, FL 33311 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Name: Address:	T () Delete GRANT, WAYNE A MR. 1605 AVENUE F RIVIERA BEACH, FL 33404 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	GRANT, WAYNE A MR. 1605 AVENUE F RIVIERA BEACH, FL 33404 US T () Delete SMITH, COLLEEN V MRS. 1572 OLD CYPRESS TRAIL	Title: Name: Address:	() Change () Addition () Change () Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	GRANT, WAYNE A MR. 1605 AVENUE F RIVIERA BEACH, FL 33404 US T () Delete SMITH, COLLEEN V MRS. 1572 OLD CYPRESS TRAIL	Title: Name: Address: City-St-Zip: Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GRANT, WAYNE A MR. 1605 AVENUE F RIVIERA BEACH, FL 33404 US T () Delete SMITH, COLLEEN V MRS. 1572 OLD CYPRESS TRAIL WELLINGTON, FL 33414 US S () Delete SIEKMANN, URSULA MS. 3640 N OCEAN DR #1128	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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: MICHAEL CHRISITAN DP 03/29/2006