


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002808	
1. Entity Name DISTRICT GRAND TABERNACLE NO. 4 OF LOVE AND CHARITY INC.	

Principal Place of Business 4291 N.W. 7TH AVE. MIAMI, FL 33127	Mailing Address 5610 NW 174 DRIVE MIAMI, FL 33055-3539
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1039842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLMES, ELLEN S 1918 N.W. 51 ST. MIAMI, FL 33142
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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 <u><i>Ellen S. Holmes</i></u> ELLEN S. HOLMES	DATE 2-1-06
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	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	TR MCPHEE, WILFRED 3070 NW 185 TERRACE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SYMONNETT, LUTHER 801 NW 3RD CT. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WHITEHEAD, LOUISE 1820 NW 70TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOLMES, ELLEN S 1918 NW 51 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FERGUSON, EDROY 3180 NW 157 ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/06-80047-021 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Wilfred McPhee</i></u> Wilfred McPhee	DATE 2-1-06	DAYTIME PHONE # 305-625-605
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>