


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

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

Principal Place of Business <b>4291 N.W. 7TH AVE. MIAMI, FL 33127</b>	Mailing Address <b>5610 NW 174 DRIVE MIAMI, FL 33055-3539</b>
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02202008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>HOLMES, ELLEN S 1918 N.W. 51 ST. MIAMI, FL 33142</b>
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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: <i>Ellen S. Holmes</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	Registered Agent <i>February 29, 2008</i> <small>(NOTE: Registered Agent signature required when amending) DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 ELLIS, JOSEPH 2290 NW 107 ST MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000846564  
03/18/08-80033-017 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: <i>Ellen S. Holmes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Director, Registered Agent</i> <i>February 29, 2008</i> (305) 633-9966 <small>Date Daytime Phone #</small>