

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002808

FILED
Feb 02, 2009
Secretary of State

Entity Name: DISTRICT GRAND TABERNACLE NO. 4 OF LOVE AND CHARITY INC.

Current Principal Place of Business:

4291 N.W. 7TH AVE.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5610 NW 174 DRIVE
MIAMI, FL 330553539

New Mailing Address:

FEI Number: 65-1039842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, ELLEN S
1918 N.W. 51 ST.
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

Title: TR () Delete
Name: MCPHEE, WILFRED
Address: 3070 NW 185 TERRACE
City-St-Zip: OPA LOCKA, FL 33056

Title: TR () Delete
Name: SYMONNETT, LUTHER
Address: 801 NW 3RD CT.
City-St-Zip: HALLANDALE, FL 33009

Title: TR () Delete
Name: WHITEHEAD, LOUISE
Address: 1820 NW 70TH STREET
City-St-Zip: MIAMI, FL 33147

Title: TR () Delete
Name: HOLMES, ELLEN S
Address: 1918 NW 51 STREET
City-St-Zip: MIAMI, FL 33142

Title: TR () Delete
Name: ELLIS, JOSEPH
Address: 2290 NW 107 ST
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELLEN S. HOLMES, REGISTERED AGENT/TRUSTEE

RA/T

02/02/2009

Electronic Signature of Signing Officer or Director

Date