

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729040

**Entity Name:** ST. PETERS CHURCH OF GOD, APOSTOLIC FAITH, INC.

**Current Principal Place of Business:**

8101 N W 22ND AVE  
MIAMI, FL 33147

**Current Mailing Address:**

P.O. BOX 381493  
MIAMI, FL 33238 US

**FEI Number: 05-0298400**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NESMITH, ALPHONSO  
495 N.W. 71 STREET  
APT 510  
MIAMI, FL 33150 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

**Officer/Director Detail :**

Title PD  
Name NESMITH, ALPHONSO  
Address 495 N.W. 71 STREET  
APT 510  
City-State-Zip: MIAMI FL 33150

Title ST  
Name OLIPHANT, AURORA  
Address 1510 NW 53RD ST  
City-State-Zip: MIAMI FL 33142

Title T  
Name WILLIAMS, IRMA J  
Address 849 N,W, 74 STREET  
City-State-Zip: MIAMI FL 33150

Title TS  
Name SMITH, BEVERLY  
Address 1087 NW 52 STREET  
City-State-Zip: MIAMI FL 33127

*I hereby 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 all other like empowered.*

**SIGNATURE: ALPHONSO NESMITH**

**PD**

**04/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date