## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000002317

Entity Name: LIGHT OF GOD TRANSFORMATION MINISTRY INC

**FILED** Mar 10, 2016 **Secretary of State** CC7485311211

# **Current Principal Place of Business:**

1366 NE 163 STREET NORTH MIAMI BEACH 33162 SHOPPING CENTER

NORTH MIAMI BEACH, FL 33162

#### **Current Mailing Address:**

16240 NE 7TH AVENUE

NORTH BEACH MIAMI. FL 33162 US

FEI Number: 45-4585953 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

SAINT CLAIR, NADIA J 16240 NE 7TH AVENUE NORTH MIAMI BEACH, FL 33162 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.

Titla

SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

SECRETARY

#### Officer/Director Detail:

DRESIDENT

TILLE	INCOLLINI	TIUC	SECKLIAKT
Name	SAINT CLAIR, THONY	Name	SQUIRES, DARLINE J
Address	16240 NE 7TH AVENUE	Address	860 NE 212 TER #4
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	MIAMI FL 33179

Title **PASTOR** Title **TREASURER** 

SAINT CLAIR, THONY Name ETIENNE, MARIE Name Address 16240 NE 7TH AVENUE Address 1370 NE 149 ST

City-State-Zip: NORTH BEACH MIAMI FL 33162 City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR, SUNDAY SCHOOL Title TREASURER, DIRECTOR

Name JOSE, JACQUES N SAINT CLAIR, NADIA SR. Name

Address 4560 NE 6 AVENUE Address 16240 NE 7TH AVE **APT @ 223** HOUSE

City-State-Zip: NORTH MIAMI BEACH FL 33161 City-State-Zip: NORTH MIAMI FL 33162

Title ASST. SECRETARY DIRECTOR HOSPITALITY Title Name BOINOTE, JEMIMA FOURIEN, SHERLEY Name 1020 NE 153 TERRACE Address 19101 NORTH MIAMI AVENUE Address

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: MIAMI FL 33169

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: THONY SAINT CLAIR **PRESIDENT** Electronic Signature of Signing Officer/Director Detail

03/10/2016