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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709185 (3)
1. Corporation Name
CENTRAL BIBLE ASSEMBLY OF GOD, INC.



Principal Place of Business 1300 S.W. 87TH AVE. MIAMI FL 33174	Mailing Address 1300 S.W. 87TH AVE. MIAMI FL 33174
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3. Date Incorporated or Qualified 06/21/1965	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1303132	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent

**STOCKER, DAVID H
9880 SW 152ND TERRACE
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOCKER, DAVID H REV	
STREET ADDRESS	9880 SW 152ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WARREN	
STREET ADDRESS	19643 NW 82 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEVINE, RICHARD	
STREET ADDRESS	8281 SW 11 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WARREN	
STREET ADDRESS	19643 NW 82 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GADALA-MARIA, CARLOS	
1.3 STREET ADDRESS	6175 SW 133 ST	
1.4 CITY-ST-ZIP	MIAMI, FL 33156	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOODWIN, HOWARD	
2.3 STREET ADDRESS	150 FLAGAMI BLVD	
2.4 CITY-ST-ZIP	MIAMI, FL 33144	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POWELL, ELDEN	
3.3 STREET ADDRESS	2340 NW 24 CT	
3.4 CITY-ST-ZIP	MIAMI, FL 33142	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMS, ROBERT	
4.3 STREET ADDRESS	11520 SW 99 CT	
4.4 CITY-ST-ZIP	MIAMI, FL 33176	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THORNTON, WILLIAM	
5.3 STREET ADDRESS	9875 SW 74 ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33173	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David H Stocker 1/30/98 305-553-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)