


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 709446 (9)

1. Corporation Name
SOUTH EASTERN FLORIDA ASSOCIATION OF THE CHURCH OF GOD, INC.



Principal Place of Business 741 DOGWOOD ROAD WEST PALM BCH. FL 33409	Mailing Address 741 DOGWOOD ROAD WEST PALM BCH. FL 33409
--	--

3. Date Incorporated or Qualified 08/16/1965		
4. FEI Number 59-1704749	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 11315 N.W. 43rd PL	2a. Mailing Address 28 11315 N.W. 43rd PL		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Coral Springs, Florida	28 City & State Coral Springs, Florida		
24 Zip 33065	25 Country US	29 Zip 33065	30 Country US

5. Certificate of Status Desired <input 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN, PHYLLIS B.
741 DOGWOOD ROAD
WEST PALM BCH. FL 33409**

10. Name and Address of New Registered Agent

81 Name Andre Artis		
82 Street Address (P.O. Box Number is Not Acceptable) 11315 N.W. 43rd Place		
83		
84 City Coral Springs	85 State FL	86 Zip Code 33065

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 *Andre Artis* DATE **4/28/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, HALLIE	1.2 NAME	
STREET ADDRESS	1788 NW 97TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, REGINALD GEORGE	2.2 NAME	
STREET ADDRESS	2310 NW 115TH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, PHYLLIS B	3.2 NAME	Andre Artis
STREET ADDRESS	741 DOGWOOD RD	3.3 STREET ADDRESS	11315 N.W. 43rd PL
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDGAR L	4.2 NAME	
STREET ADDRESS	3330 NW 8TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, C. DANIEL	5.2 NAME	
STREET ADDRESS	8790 SW 110TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, MRS. WILHELMIN	6.2 NAME	
STREET ADDRESS	5830 NW 13TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	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 *Andre Artis* DATE **4/28/98** **561-338-3228**

CR2E037 (10/97)