

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 APR 26 AM 10:59
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 713695 (5)
1. Corporation Name
KENDALL CHURCH OF GOD, INC.

Principal Place of Business Mailing Address
8785 S.W. 112 STREET MIAMI FL 33176 **8785 S.W. 112 STREET MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1967** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-1279748** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**SMITH, BERNAIDINE
14321 SW 78 STREET
MIAMI FL 33183**

10. Name and Address of New Registered Agent
81 Name **Thomas Thrasher**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **26401 SW 173 Place**
84 City **Homestead** FL 85 Zip Code **33031**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **4-19-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PDC **THRASHER, THOMAS
26401 SW 173 PL
HOMESTEAD FL 33031**
VD **HUNTER, BURKE DR.
11191 S.W. 60 AVE.
MIAMI FL 33156**
SD **STEWART, JANET
11195 S.W. 70 AVE.
MIAMI FL 33158**
TD **LAING, JANETT
9859 S.W. 146 PL.
MIAMI FL 33188**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition **VD**
2.2 NAME **Donald James**
2.3 STREET ADDRESS **750 NE 74 Street**
2.4 CITY - ST - ZIP **Miami, FL 33138**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition **TD**
4.2 NAME **Marion Mason**
4.3 STREET ADDRESS **9454 SW 146 Avenue**
4.4 CITY - ST - ZIP **Miami, FL 33186**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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: *[Signature]* **4-13-95 305 245 2211**
Signature and typed or printed name of signing officer or director Date Daytime / Home #