

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713695 (5)

1. Corporation Name
KENDALL CHURCH OF GOD, INC.



Principal Place of Business 8795 S.W. 112 STREET MIAMI FL 33176	Mailing Address 8795 S.W. 112 STREET MIAMI FL 33176
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3. Date Incorporated or Qualified 11/22/1967	
4. FEI Number 59-1279748	Applied For Not Applicable
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 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 type="checkbox"/> No	

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

**SMITH, DOUGLAS
14321 SW 78 STREET
MIAMI FL 33163**

10. Name and Address of New Registered Agent

81 Name **IRENE OAKLEY JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **15001 S.W. 75 COURT**
84 City **Miami** FL 85 Zip Code **33158**

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 **IRENE OAKLEY JOHNSON** Chairperson **3/18/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DOUGLAS	
STREET ADDRESS	14321 SW 78TH ST.	
CITY-ST-ZIP	MIAMI FL 33163	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DONALD, JAMES	
STREET ADDRESS	750 NW 74TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEWART, JANET	
STREET ADDRESS	11195 S.W. 70 AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MASON, MARION	
STREET ADDRESS	9454 SW 146TH AVENUE	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CO-CHAIR	
1.3 STREET ADDRESS	IRENE OAKLEY JOHNSON	
1.4 CITY-ST-ZIP	15001 S.W. 75 COURT MIAMI FL 33158	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CO-CHAIR	
2.3 STREET ADDRESS	BILLIE JO KENDALL	
2.4 CITY-ST-ZIP	6400 S.W. 96 STREET MIAMI FL 33156	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: **IRENE OAKLEY JOHNSON** 3/18/98 25.253.1.187

CR2E037 (10/97)