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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 716786

(a)

CROOMS TEMPLE CHURCH OF GOD IN CHRIST, INC. Principal Place of Business Mailing Address 2090 N W 151ST STREET OPA-LOCKA FL 33054 US OPA LOCKA FL 33054							
					3. Date Incorporated or Qualified 06/25/1969	3a. Date of t 02/0	ast Report 1/1995
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 65-0282328		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				l	Not Applicable 75 Additional
2 City & Ctat		27			5. Certificate of Status Desired		ee Required
City & State 3	е	City & State			6. Election Campaign Financing		5.00 May Be
Zip	Country	Zip	Count	ry	Trust Fund Contribution 8. This corporation has liability for in		dded to Fees er s. 199.032.
4	25 Nemo and Address of Course	29	30		Florida Statutes	Yes 反 No	
	9. Name and Address of Currer	it negistered Agent	8	1 Name	10. Name and Address of New R	egistered Agent	
CROOMS,OLIVER 2100 NW 154TH STREET							***
			8	Street Add	ss (P.O. Box Number is Not Acceptable)		
OPA LO	CKA FL 33054		8	3			
			8	4 City		85	Zip Code
11 Diversions	to the provisions of Sections 617 0500		- 1	1 '		-1	•
or register familiar wi	red agent, or both, in the State of Flori th, and accept the obligations of Sect	2 and 617.1508, Ftorida Statu da. Such change was authori ion 617.0503. Florida Statute	ites, the above ized by the con	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing intment as registe	its registered officered agent. I am
SIGNATURE .	Signature, typed or printed name of registered agent	and trile if applicable.	IOTE: Registered Ag	e-named corpor rporation's boa	d when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	end title if applicable. (ND DIFFECTORS	IOTE: Registered Ac	gent signature require		DATE CERS AND DIREC	CTORS IN 12
SIGNATURE .	Signature, typed or printed name of registered egent OFFICERS AN	and trile if applicable.	OTE: Registered Ag 13. 1.1 TITLE	ent signature require	d when reinstating)	DATE	CTORS IN 12
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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:

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR