FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #1. Corporation Name

722621

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House of god the pentecostal church of the Livin G god the gates of heaven, inc.

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Principal Plac	e of Business	Mailing Address		I TROUBLE LEGIT HERE HERE THE	I IIDA BABAH DABII BIBII BABII BABII BABII BBBI
830 SW 4TH ST Homestead Fl 33030		830 SW 4TH ST Homestead FL 33030			
				3. Date Incorporated or Qualified 02/07/1972	3a. Date of Last Report 05/23/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		05-0390000	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Z(p)	Country	8. This corporation has liability for in	
24	25	29	30	· -	☐ Yes ☐ No
	Name and Address of Currer	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
				Maress (P.O. Box Number is Not Acceptable	ю)
10730 SW 218 ST. GOULDS FL 33170					
GOULD	S FL 331/0		[83]		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508, Florida Statute	s, the above-named co	rporation submits this statement for the our	page of changing its registered office.
or registe familiar w	red agent, or both, in the State of Flori: ith, and accept the obligations of, Sect	da. Such change was authorize ion 617 0503. Florida Statutes.	ed by the corporation's t	rporation submits this statement for the purpopard of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE					
10	Signature, typed or printed haine of registered agont		H. Begistered Agent signature re-		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13,	ADDITIONS CHANGES TO OFFI	
NAME	PB Williams, Bishop Charles		1 1 TIFLE		Change Addition
STREET ADDRESS	10720 SW 218 ST.	,	1.2 NAME		
CITY - ST - ZIP	GOULDS FL		1.3 STREET ADDRESS 1.4 City - St - ZiP	33/70	
TITLE	SRE	DELFTE	21 THUE		Change Addition
NAME	MORTIMER, DAISY	_	2.2 NAME		
STREET ADDRESS	10730 S.W. 218 ST.		2 3 STREET ADDRESS		İ
C:TY-S*-ZIP	GOULDS FL		2 4 CITY - ST - Z-P	33/70	
TITLE	CD	DELETE	3 1 TITLE		Change Addition
NAME	CALDWELL, LONNIE C.		3 2 NAME		_
STREET ADDRESS	995 NW 9 AVE.		3.3 STREET ADDRESS	ساحد و در رسید در ارسو	
CITY-ST-ZIP	FT. CITY FL		3 4 CITY+S1-ZIP	FL, CITY FL 330	34
TITLE	SMD	DELETE	4 1 TITLE	•	Change Addition
NAME	CALDWELL, CHARLIE		4 2 NAME		
STREET ADDRESS	995 NW 9 AVE		4.3 STREET ADDRESS	r/ 1/71 1/22.	211
CITY-ST-ZIP TITLE	FT CITY FL GMD	- Incorr	4.4 CITY - ST - ZIP	FL, CITY FL 330	
NAME ,	WILLIAMS, ANNIE S.	DELETE	5 1 TITLE		Change Addition
STREET ADDRESS	10720 S.W. 218 ST.		5.2 NAME		
CITY-SI-ZIP	GOULDS FL		5.3 STREET ADDRESS 5.4 O(TY-ST-Z/P	33/70	
TITLE	NE NE	DELETE	5.4 GHY-SI-Z-P	V-F-4	☐ Change ☐ Addition
NAME	MAYO, JOE	<u> </u>	62 NAME	/ -	□ o-mige □ Addition
STREET ADDRESS	13510 SW 226 ST		6 3 STREET ADDRESS		
City-St-ZiP	NARANJA FL		6 4 City - St - ZiP	33/70	
	ov certify that the information supplied v	with this films is valuntarily furnis	shod and doos not such	fu for the exemption stated in Castian 110.0	7.0.0 5 11 01 11

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SIGNATURE: LAUS HOLLING THIS Y MORTIMER 3-29-96 (305) 257-0739

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