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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 722621 (0)

1. Corporation Name

HOUSE OF GOD THE PENTECOSTAL CHURCH OF THE LIVIN G GOD THE GATES OF HEAVEN, INC.

Principal Place of Business	Mailing Address
830 SW 4TH ST HOMESTEAD FL 33030	830 SW 4TH ST HOMESTEAD FL 33030-6916

3. Date Incorporated or Qualified: 02/07/1972
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: 10730 S.W 218 STREET

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28: Goulds Fla.

Zip — 24
Country — 25
Zip — 29: 33170
Country — 30: Dade

4. FEI Number: 05-0390000 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORTIMER, MOTHER DAISY
10730 SW 218 ST.
GOULDS FL 33170

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BISHOP CHARLES		1.2 NAME		
STREET ADDRESS	10720 SW 218 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		1.4 CITY-ST-ZIP		
TITLE	SRE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORTIMER, DAISY		2.2 NAME		
STREET ADDRESS	10730 S.W. 218 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		2.4 CITY-ST-ZIP		
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		
CITY-ST-ZIP	FLORIDA CITY FL		3.4 CITY-ST-ZIP		
TITLE	SMD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, CHARLIE		4.2 NAME		
STREET ADDRESS	995 NW 9 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL		4.4 CITY-ST-ZIP		
TITLE	GMD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ANNIE S.		5.2 NAME		
STREET ADDRESS	10720 S.W. 218 ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAYO, JOE		6.2 NAME		
STREET ADDRESS	13510 SW 226 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NARANJA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Daisy Mortimer DAISY MORTIMER 3/10/97 (305) 251-0779