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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

10730 S.W. 218 ST.
GOULDS FL 33170
US

3. Date Incorporated or Qualified

02/07/1972

4. FEI Number

05-0390000

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME WILLIAMS, BISHOP CHARLES
STREET ADDRESS 10720 SW 218 ST.
CITY-ST-ZIP GOULDS FL

TITLE SRE ☐ DELETE
NAME MORTIMER, DAISY
STREET ADDRESS 10730 S.W. 218 ST.
CITY-ST-ZIP GOULDS FL

TITLE CD ☐ DELETE
NAME CALDWELL, LONNIE C.
STREET ADDRESS 995 NW 9 AVE.
CITY-ST-ZIP FLORIDA CITY FL

TITLE SMD ☐ DELETE
NAME CALDWELL, CHARLIE
STREET ADDRESS 995 NW 9 AVE
CITY-ST-ZIP FLORIDA CITY FL

TITLE GMD ☐ DELETE
NAME WILLIAMS, ANNIE S.
STREET ADDRESS 10720 S.W. 218 ST.
CITY-ST-ZIP GOULDS FL

TITLE T ☐ DELETE
NAME MAYO, JOE
STREET ADDRESS 13510 SW 226 ST
CITY-ST-ZIP NARANJA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 1-14-98 305 251-0739

CR2E037 (10/97)