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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

BETHEL HOUSE OF GOD, THE HOLY CHURCH OF THE LIVI

FILED Feb 06 1998 8:00am Secretary of State

| NG GOD, THE PILLAR AND THE | GROUND OF THE TRUTH, | |
|--|--|---|
| Principal Place of Business | Mailing Address | I INDESTUDE OUR WITHER TRANSMISTED TOTAL OFFICE COURT POOL AFAIT OFFICE AND I |
| 516 N W 4TH AVE HALLANDALE DL 22009 | 1200 NW 185TH TERRACE PEMBROKE PINES FL 33029 | 3. Date Incorporated or Qualified |

| HALLANDALE DL 22009 | | PEMBROKE PINES FL 33029 | | 10/21/1992 | | | | | | | |
|---------------------|---|---------------------------------|----------------------|---|-------------------|---|-------------------|-------------------|---|-----------|--|
| | | | | | | 4. FEI Number | | Ar | oplied For | | |
| | | | | | | NOT APPLICABLE | | - No | ot Applicab | le | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 5. Certificate of Status Desired | \$8 | .75 | Additional | \neg | |
| 21 | | 26 | | | | 3. Certificate of Status Desired | _ ``i | Fee R | equired | _ | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| 22 | | 27 | | | | Trust Fund Contribution | Added to Fees | | | | |
| City & State | 9 | City & State | | | | 7. Is this nonprofit corporation a homeowner | rs ass | ociatio | n? | | |
| 23 | | 28 | | | | Yes No No | | | | | |
| ^{Zip} | Country | Zip | Country | | | 8. This corporation owes or has paid the cu | | | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes 🔲 No | | | | | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered | Agent | <u></u> | | | |
| | | | | 31 | Name | | | | | | |
| JOHNSO | n, stephen e | | 82 Street Ad | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | ┪ | |
| 1200 NW | / 185TH TERRACE | | · | | | | | | | _ | |
| PEMBRO | KE PINES FL 33029 | | [8 | 33 | | | | | | | |
| | | | 1 | 34 | City | ···· | 85 | Zin | Code | -{ | |
| | | | 1 | | J., | FL | _ ~ | | | - | |
| office or r | to the provisions of Sections 617.0502 egistered agent, or both, in the State o m famillar with, and accept the obligat | if Florida. Such change was a | authorized | by t | named corporation | oration submits this statement for the purpose on society accept the ap | of chan pointm | ging it ent as | ts registere registered | d | |
| - | m tamilar with, and accept the obligat | idila di, deckon di 7.0000, i k | niua Statu | ies. | | | | | | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent | and title if applicable. (NOTe | : Registered | Agent | signature require | ad when reinstating) DATE | ·- ··· | | | - ٍ | |
| 12. | OFFICERS AND | | 13. | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | <u>ال</u> | |
| TITLE | DP | ☐ DELETE | 1.1 TITL | Ε | | | □ c | hange | Additio | <u></u> | |
| NAME | JOHNSON, STEPHEN E. | | 1.2 NAN | Æ | | | | | | | |
| STREET ADDRESS | 1200 NW 185TH TERRACE | TERRACE 1.35 | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | | 1,4 CITY | (-ST- | ZIP | | | | | 3 | |
| TITLE | SD | DELETE | 2.1 TITL | | D7 | Tr | X C | hange | Additio | 'n G | |
| NAME | MCGHEE. HENRY | | 2.2 NAN | 2,2 NAME | | · · | | | | | |
| STREET ADDRESS | 13701 SW 12TH ST #SULFOLE | (A113 | 2.3 STREE | | DDRESS | | | | | - [| |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | | 2. 4 CIT | Y-ST | - ZIP | | | | | | |
| TITLE | D | DELETE | 3,1 TITL | | 707 | <u> </u> | X 0 | hange | Additio | n l | |
| NAME | HEPBURN, VENICE | | 3.2 NAM | | Ver | nice Hepburn | | | | | |
| STREET ADDRESS | 3199 FOXCROFT RD., #112 | | 3.3 STR | | DDRESS 3/9 | nice Hepburn 19 Foxcroft Rd #112 | | | | | |
| CITY-ST-ZIP | MIRAMAR FL | | 3.4. CIT | | 7IP 177 | iramar, FL 33025 | | | | - [| |
| TITLE | DO | DELETE | 4.1 TITL | | | | ₩ € | nange | Additio | jn | |
| NAME | APPLETON, LEROY | | 4, 2 NA | | AP | PLETON, LELOY | | | | | |
| STREET ADDRESS | 2900 N.W. 56TH AVE., #D110 | | 1 | | DDRESS 2 | PLETON, LEROY 930 N.W. 56TH AVE #1 | 410 | 7 | | | |
| CITY-ST-ZIP | LAUDERHILL FL | | 4.4 CITY | | 7/P | AUDERHILL, FL. | | • | | | |
| TITLE | DS DS | DELETE | 4.4 CITT 5.1 TITL | | 77)- | Tr | C | hange | Additio | n l | |
| NAME | WHITE, DOUGHN | | 5,2 NAM | | | | _ ` | | *************************************** | | |
| STREET ADDRESS | 12401 N.E. 16TH AVE., #211 | | • | | DDRESS 116 | CINTOSH, BERESFORD STANDAY LOTHER APT#GI | m. | | | - | |
| SHITEL MUDDICOG I | ILTUITULE IVIII (AVE.) 77611 | | ■ J.J J I I I | uu i Mi | UU 1 7 4 4 | 3. 1-13. 115. IAIA 1 (117) POL - PAP (III) (27) | 1110 | | | | |

6.4 CITY - ST- ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. I further certify that the information indicated on this annual report or supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or supplemental annual report of the corporation or the receiver of trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicates of the corporation or the receiver of the corporation or the

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NORTH MIAMI FL

☐ DELETE

Change