## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT** # N92000000211 (4)

NORTH-DADE CHURCH OF GOD, INC.

**FILED** May 13 1998 8:00am Secretary of State

Principal Place of Business Malling Address				E LEDRINGE DED COME TION CONTO CONTO CONTO CONTOCON CONTO
19700 NE 22NO AVE NORTH MIAMI BEACH FL 33180		19700 NE 22ND AVE NORTH MIAMI BEACH FL 33180		3. Date Incorporated or Qualified
				11/10/1992
				4. FEI Number Applied For
9 Dringing C	Vaca of Produce	1 50 44-00- 4-1		65-0428407 Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired Security Securi
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & Stat		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		90	Personal Property Tax due June 30. Yes No
<del></del>	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
			81 Name	
FRANCIS, JAMES		82 Street	Address (P.O. Box Number is Not Acceptable)	
19700 NE 22ND AVE NORTH MIAMI BEACH FL 33180			83	
			64 City	FL 85 Zip Code
11. Pureuant	to the provisions of Sections 617 050	22 and 617 1509 Florida Statutor	the shows named	d corporation submits this statement for the numbers of shanning its societared
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				
12.		ID DIRECTORS	Hegistered Agent signatur	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Pardition
NAME	FRANCIS, SHANCE D		1.2 NAME	I SUDNEY O. JOHNSHIT
STREET ADDRESS	19700 NE 22ND AVE		1.3 STREET ADDRESS	1 5213 SW118" AUE
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	COUPER CITY FL 335
TITLE	VPS	DELETE	2.1 TITLE	
NAME	FRANCIS, EDNA	_	2.2 NAME	
STREET ADDRESS	19700 NE 22ND AVE		2.3 STREET ADDRESS	1957 NE 177 R STREET 162
CITY-ST-2IP	NORTH MIAMI BEACH 33		2.4 CITY-ST-ZIP	TRUSTER
TITLE	T	DELETE	3.1 TITLE	Change Addition
NAME	HARRIS, YVONNE		3.2 NAME	
STREET ADDRESS	18333 NW 144 CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL		3.4. CITY-ST-ZIP	
TITLE	PD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, JAMES N		4. 2 NAME	
STREET ADDRESS	19700 NE 22ND AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZW			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
44				

I 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 or an effective that the information 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 of 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 or an effect of the corporation or the receiver of 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 or an effect of the corporation of the cor

**SIGNATURE:**