

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1995.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N92000000636 (2)

1. Corporation Name

ADDINIA JIREH MINISTRIES, INC.



Principal Place of Business

2239 NW 89 STR  
MIAMI FL 33142  
US

Mailing Address

20621 NW 22ND CT  
MIAMI FL 33056  
US

3. Date Incorporated or Qualified  
12/08/1992

3a. Date of Last Report  
03/02/1995

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

9. Name and Address of Current Registered Agent

PRATT, JOEL E.  
20621 NW 22 CT  
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 800001914908  
-08/07/96--01020--006

84 City

\*\*\*61.25

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

TITLE D  
NAME WALLACE, GAY  
STREET ADDRESS 16230 NW 28 CT  
CITY-ST-ZIP OPA LOCKA FL ☒ DELETE

TITLE D  
NAME ROBINSON, JOSEPH  
STREET ADDRESS 1141 NW 65TH ST  
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

TITLE D  
NAME HENRY, ROY  
STREET ADDRESS 4421 SW 24TH ST  
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ DELETE

TITLE D  
NAME BELL, CHARLES  
STREET ADDRESS 2740 NW 210TH TER  
CITY-ST-ZIP CAROL CITY FL 33055 ☒ DELETE

TITLE P  
NAME PRATT, JOEL  
STREET ADDRESS 20621 NW 22ND CT.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE V  
NAME FRANCOIS, HAROLD  
STREET ADDRESS 600 NW 179 TERR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME CASEY STEVEN RUFF  
1.3 STREET ADDRESS 8920 NW 213 ST  
1.4 CITY-ST-ZIP CAROL CITY FLA 33056 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME LEROY WILLIAM  
2.3 STREET ADDRESS 2507 NW 25 AVE  
2.4 CITY-ST-ZIP MIAMI FLA 33147 ☐ Change ☒ Addition

3.1 TITLE T  
3.2 NAME JIMMIE BECK  
3.3 STREET ADDRESS 590 NE 150 St Apt #1  
3.4 CITY-ST-ZIP NORTH MIAMI FLA 33161 ☐ Change ☒ Addition

4.1 TITLE T  
4.2 NAME HANSEL L. COLLIER  
4.3 STREET ADDRESS 15830 NW 18 AVE  
4.4 CITY-ST-ZIP OPA LOCKA, FLA 33054 ☐ Change ☒ Addition

5.1 TITLE T  
5.2 NAME Micheline M Francois  
5.3 STREET ADDRESS 8080 NW 54 CT  
5.4 CITY-ST-ZIP LAUDERHILL FLA 33351 ☐ Change ☒ Addition

6.1 TITLE V  
6.2 NAME HAROLD FRANCOIS  
6.3 STREET ADDRESS 8080 NW 54 CT  
6.4 CITY-ST-ZIP LAUDERHILL FLA 33351 ☒ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006067

CR2E037 (3/96)