

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90014 013 ****61.25

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DOCUMENT # N92000000636

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

3. Date Incorporated or Qualified
12/08/1992

4. FEI Number

NOT APPLICABLE

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

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

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

TITLE ☒ DELETE
NAME **D WILLIAM, LEROY**
STREET ADDRESS **2507 NW 25TH AVE.**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE ☐ DELETE
NAME **D RUFF, CASEY**
STREET ADDRESS **21000 NW 17TH AVE #3**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **T COLLIER, HANSEL L**
STREET ADDRESS **15830 NW 18 AVE.**
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE ☒ DELETE
NAME **V FRANCOIS, HAROLD**
STREET ADDRESS **8080 NW 54TH CT.**
CITY-ST-ZIP **LAUDERHILL FL 33531**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 (305) 625-5216

CR2E037 (11/98)