SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 26 1998 8:00am
Secretary of State
000053440

DOCUMENT # N94000003753 (0)

1. Corporation Name

LAUDERDALE LAKES HOLINESS CHURCH OF GOD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1611 N.W. 38TH AVENUE<br>LAUDERHILL FL 33313 | 1627 N.W. 38TH AVENUE<br>LAUDERHILL FL 33313 |

3. Date Incorporated or Qualified: 07/28/1994

4. FEI Number: 65-0524676 ☐ 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

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

PARKES, MARJORIE
5070 PALM HILL DRIVE.
APT G-173
WEST PALM BEACH FL 33415

**10. Name and Address of New Registered Agent**

81 Name: PARKES MARJORIE
82 Street Address (P.O. Box Number is Not Acceptable): 13784 69 STREET N
83: WEST Palm Bch, FL
84 City: FL 85 Zip Code: 33412

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | PARKES, KEITH | | 1.2 NAME | PARKES KEITH | |
| STREET ADDRESS | 5070 PALM HILL DR. | | 1.3 STREET ADDRESS | 13784 69 STREET N | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | | 1.4 CITY-ST-ZIP | WEST Palm Bch, FL 33412 | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELLIOTT, ARLENE B | | 2.2 NAME | | |
| STREET ADDRESS | 2510 NW 52ND AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAUDERHILL FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | PARKES, MARJORIE | | 3.2 NAME | PARKES, MARJORIE | |
| STREET ADDRESS | 5070 PALM HILL DRIVE | | 3.3 STREET ADDRESS | 13784 69 STREET N | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | | 3.4 CITY-ST-ZIP | WEST PALM BCH, FL 33412 | |
| TITLE | VT | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCDERMOIT, BARBARA | | 4.2 NAME | | |
| STREET ADDRESS | 1243 NW 15 AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | M | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CAMPBELL, STACEY | | 5.2 NAME | | |
| STREET ADDRESS | 5400 SW 12 ST., #114D | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N LAUDERDALE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | C | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, GERTRUDE | | 6.2 NAME | | |
| STREET ADDRESS | 18520 NW S AVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

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.

**SIGNATURE:** KEITH PARKES 8-15-98 954 739 0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #