FILE NOW: FILING FEE IS \$61.25

NONPROFIT ' CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N97000003269 (4) POCUMENT #

	THANGE MINISTRIES, II	NG.			
Principal Place of Business		Mailing Address			- I DRAYINI NAN KANIN KANIN NANKA MAKAN MAKAN MAKAN MAKAN KANIN KANIN KANIN KANIN KANIN KANIN KANIN KANIN KANIN
1555 NW 93RD TERRACE MIAMI FL 33147		1555 NW 93RD TERRACE MIAMI FL 33147			3. Date Incorporated or Qualified 06/05/1997 4. FEI Number Applied For Not Applicable
Principal Place of Business 1		28. Malling Address 26			5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No
Zip Country		⊢ '	Zip Country		8. This corporation owes or has paid the current year intangible
24	25 9. Name and Address of Co	rrent Pagistered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	4. Maille and Address of Ci	Malit Logistoied Wallt	8	1 Name	10. Haine and Address of New Degistered Agent
STRANG	SE W I				
	N 93RD TERRACE		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI FI			8:	3	· · · · · · · · · · · · · · · · · · ·
	• •••		8-	4 City	85 Zip Code
			į –	1 - 7	FL "
11. Pursuant office or r	to the provisions of Sections 617	'.0502 and 617.1508, Florida State	ites, the abor	ve-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the o	obligations of, Section 617.0503, F	lorida Statut	98.	
SIGNATURE .		Aug. K. Carlo	TE BUTTO A		ad when reinstating) DATE
12.	Signature, typed or printed name of registers OFFICERS	BAND DIRECTORS	13.	geni signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELET¿	1.1 TITLE		/ Change Addition
NAME			I 1.2 NAME		
	I STRANGE, W L		1.2 NAME		
STREET ADDRESS	STRANGE, W L 18731 NW 42 CT.		1	ET ADDRESS	
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1	18731 NW 42 CT.	☐ DELETÉ	1.3 STRE	ET ADDRESS ST-ZIP	☐ Change ☐ Addition
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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 cath; 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: