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

DOCUMENT # N9700007218 (7)

FILED Aug 17 1998 8:00am Secretary of State

CHURCH OF GOD OF PROPHECY - SUNRISE/LAUDERHILL, INC.										
Principal Place of Business Malling Address										
5486 NW 19TH ST 5486 NW 19TH ST LAUDERHILL FL 33313								Date Incorporated or Qualified 12/29/1997		
								4, FEI Number Applied For Not Applicable		
2. Principal P	lace of Busine	2a. Mailing 26	2a. Mailing Address 28				Certificate of Status Desired \$8.75 Additional Fee Required			
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State			City & State					7. Is this nonprofit corporation a homeowners association?		
Zip					30 Coui	ntry	2.5	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24		ib and Address of Curi	29 29 rent Registered A	gent	[30]			Personal Property Tex due June 30. Yes No 10. Name and Address of New Registered Agent		
						81	Name			
LITTLE, DERRICK						82	Street A	reet Address (P.O. Box Number is Not Acceptable)		
9330 NW 38 PLACE						83	0.110017			
SUNRISE FL \$3351										
					•	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 a	•			ed Ag	ent signature	e required when reinstating) DATE ADDITIONS (CHANGES TO OFFICE BY AND DIRECTORS IN 12)		
12. TITLE		OFFICERS.	AND DIRECTORS		13. 1.1 Tri	II F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME				DELETE	1.2 NA			Derrick Little		
STREET ADDRESS							ADDRESS	~ CO(C)		
CITY-ST-ZIP					1.4 CIT			9330 NW 38 PC 33361		
TITLE				DELETE	2.1 TIT			Change Addition		
NAME					2.2 NA	ME		7,0		
STREET ADDRESS					2.3 ST	REET.	ADDRESS	4201 NW WINDS		
CITY-ST-ZIP					2.4 CI1	TY-ST	-ZIP	Lauderhill FT 33313		
TITLE				DELETÉ	3.1 TIT			Change Addition		
NAME					3.2 NA			Michael Shaw		
STREET ADDRESS							ADDRESS	3521 C-langela BING		
CITY-ST-ZIP	 -			<u></u>	3.4 C/I 4.1 T/I	_	-2IP	1.0. Canderdale 1:1 3238)		
TITLE NAME				DELETE	4.2 NA			AZ I L'ANNOS I L'ADDIRON I		
STREET ADDRESS	:						ADDRESS	Pauline Little 9330 NW 28 PL Sunne Pl 33351		
CITY-ST-ZIP					4.4 CIT			Sunne 8 33351		
TITLE				DELETE	5.1 TIT			Change Addition		
NAME					5.2 NA	ME				
STREET ADDRESS					5.3 STI	REET.	ADDRESS			
CITY-ST-ZIP] _				5.4 CH	ry-st-	-ZIP			
TITLE	_			DELETE	6.1 TIT	LE		Change Addition		
NAME				_ -	6.2 NA	ME		900002618009		
STREET ADDRESS					6.3 ST	REET	ADDRESS	-08/17/9801123047 PE ***61.25		
CITY-ST-ZIP	<u> </u>				6.4 CIT					
14. I hereby c	ertify that the	nformation supplied v	vith this filing does	not qualify for t	he exemp	tion	stated in	section 119.07(3)(I), Florida Statutes. I further certify that the information		

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 at organizationment with an address.

SIGNATURE:

MALESTAND AND SUPER OF ADMITTED MAME OF MICHINIO OFFICED OF DIRECTO

13 198 19541-741-3521

Date Deptime Phone #