


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90006 016 ****70.00

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 762229

1. Corporation Name
SHALOM MINISTRIES GOSPEL MISSION INC.

| | |
|--|--|
| Principal Place of Business 414 16TH STREET MIAMI BEACH FL 33139 US | Mailing Address 610 N SHORE DR MIAMI BEACH FL 33141-2434 US |
|--|--|



| | | | |
|--|---|--|--|
| 2. Principal Place of Business 21 414-16th Street Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 610 North Shore Drive Suite, Apt. #, etc. 27 | 3. Date Incorporated or Qualified 06/03/1982 | 4. FEI Number 59-2252727 Applied For Not Applicable |
| City & State 23 Miami Beach FLA Zip 24 33139 Country 25 U.S.A | City & State 28 Miami Beach Zip 29 33141-2434 Country 30 U.S.A | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent GARCIA, JAMES 610 NORTH SHORE DRIVE MIAMI BEACH FL 33141 | 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 **REV. JAMES GARCIA / Pres. Dir.** **REV. James Garcia (Pres. Dir.) 3-26-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | STD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, JOY TAN | 1.2 NAME | |
| STREET ADDRESS | 610 NORTH SHORE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, JAMES | 2.2 NAME | |
| STREET ADDRESS | 610 NORTH SHORE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAUNDERS, LEWIS T. | 3.2 NAME | |
| STREET ADDRESS | RT 5 BOX 5 500 RIVER ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKINGHAM NC | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, BRYAN | 4.2 NAME | |
| STREET ADDRESS | 8991 NW 188TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33018 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POSSIEL, HERBERT | 5.2 NAME | |
| STREET ADDRESS | 555 NE 123RD STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL 33161 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: **James Garcia** **3-28-99** **(305) 966-5355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030859

CR2E037-(11/98)