

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704142** (9)

1. Corporation Name

**THE HOLY GHOST CHURCH OF GOD OF THE APOSTALIC FA  
ITH, INC.**

Principal Place of Business	Mailing Address
1250 N.W. 43RD ST. MIAMI FL 33142	1250 N.W. 43RD ST. MIAMI FL 33142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/08/1962</b>		3a. Date of Last Report <b>05/28/1996</b>	
21 <b>1250 N.W. 43 ST</b>		26 <b>1250 N.W. 43 ST</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 <b>MIAMI, FL 33142</b>		27 <b>MIAMI</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>FL</b>		28 <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>33142</b>		25 <b>Dade</b>		29 <b>33142</b>		30 <b>Dade</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MEDVIN, PHILIP 75 VALENCIA AVENUE SUITE 900 CORAL GABLES FL 33134</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PD</b>	<b>ARLINE, BISHOP DANIEL</b>	<b>1250 N.W. 43RD ST. MIAMI FL 33142</b>				
	<b>VD</b>	<b>DAVIS, DEACON WADE</b>	<b>1250 N.W. 43RD ST. MIAMI FL 33142</b>				
	<b>SD</b>	<b>ARLINE, EVALENA</b>	<b>1250 N.W. 43RD ST. MIAMI FL 33142</b>				
	<b>TD</b>	<b>DAVIS, JEWEL</b>	<b>1250 N.W. 43RD ST. MIAMI FL 33142</b>				

14. I do 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)