

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **709446**

1. Corporation Name

**SOUTH EAST RECONCILIATION FELLOWSHIP OF CHURCH O
F GOD, INC.**

Principal Place of Business

11315 NW 43 PL
CORAL SPGS FL 33065
US

Mailing Address

11315 NW 43 PL
CORAL SPGS FL 33065
US

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 030 ****61.25

598519-90023-30



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/16/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1704749

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARTIS, A
11315 NW 43 PL
CORAL SPGS FL 33065**

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

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 **VD** ☒ DELETE
NAME **SCOTT, HALLIE**
STREET ADDRESS **1768 NW 97TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SMITH, REGINALD GEORGE**
STREET ADDRESS **2310 NW 115TH DR.**
CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **ARTIS, A**
STREET ADDRESS **11315 NW 43 PL**
CITY-ST-ZIP **CORAL SPGS FL 33065**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **MILLER, EDGAR L**
STREET ADDRESS **3330 NW 8TH PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **HARDEN, C. DANIEL**
STREET ADDRESS **8790 SW 110TH ST**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROSS, MRS. WILHELMIN**
STREET ADDRESS **5630 NW 13TH CT**
CITY-ST-ZIP **LAUDERHILL FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99

Date

561-243-2400

Daytime Phone #

CR2E037 (5/99)