

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711344 (2)

1. Corporation Name

THE CHURCH OF GOD, TRUE HOLINESS OF MIAMI, INC.



Principal Place of Business

Mailing Address

11434 NW 22ND AVE
MIAMI FL 33168

P.O. BOX 680680
MIAMI FL 33168
US

3. Date Incorporated or Qualified
08/15/1966

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0030202

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JOHN
11334 NW 22ND AVE
MIAMI FL 33167

81 Name Mamie Yvonne Wilson

82 Street Address (P.O. Box Number is Not Acceptable)
11336 N.W. 22nd Ave.

83

84 City Miami

FL

85 Zip Code 33167

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 Mamie Yvonne Wilson

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when running.)

DATE

2-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JOHN W	
STREET ADDRESS	11334 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, MAMIE YVONNE	
STREET ADDRESS	11336 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WORTHAM, WALTER	
STREET ADDRESS	11434 NW 22ND AVE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, MAMIE	
STREET ADDRESS	6926 S. W. 4TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director, Mamie Yvonne Wilson	
1.3 STREET ADDRESS	11336 N.W. 22nd Ave Miami Fla.	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director John W. Wilson	
2.3 STREET ADDRESS	11334 N.W. 22nd Ave	
2.4 CITY-ST-ZIP	Miami Fla. 33167	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John W. Wilson*

John W. Wilson Vice President

Feb. 28, 1996 305-681-7652
Date Daytime Phone #
513-6-46

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)