


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 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
---	---	---

**DOCUMENT # 711344 (2)**  
1. Corporation Name  
**THE CHURCH OF GOD, TRUE HOLINESS OF MIAMI, INC.**



Principal Place of Business <b>11434 NW 22ND AVE MIAMI FL 33168</b>	Mailing Address <b>P.O. BOX 680580 MIAMI FL 33168-0580 US</b>
--	--

3. Date Incorporated or Qualified <b>08/15/1966</b>	3a. Date of Last Report <b>03/06/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>29</b>
	Country <b>30</b>

4. FEI Number <b>65-0030202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**WILSON, MAMIE Y  
11336 NW 22ND AVE  
MIAMI FL 33167**

**10. Name and Address of New Registered Agent**

**81 Name** *MAMIE Y. WILSON*  
**82 Street Address (P.O. Box Number is Not Acceptable)** *11434 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 *[Signature]* **MAMIE Y. Wilson** *president* **4.29.97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, JOHN W</b>
STREET ADDRESS	<b>11334 NW 22ND AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PSD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, MAMIE YVONNE</b> <i>new address</i>
STREET ADDRESS	<b>14800 NW 22ND AVE</b> <i>11434 NW 22nd Ave</i>
CITY-ST-ZIP	<b>MIAMI FL</b> <i>MIAMI FLG. 33167</i>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WORTHAM, WALTER</b> <i>new address</i>
STREET ADDRESS	<b>14424 NW 22ND AVE</b> <i>2260 NW 117th St.</i>
CITY-ST-ZIP	<b>MIAMI, FL 33147</b> <i>MIAMI FL 33167</i>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, MAMIE</b>
STREET ADDRESS	<b>6926 S. W. 4TH CT.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<i>President Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>MAMIE Yvonne Wilson</i>
2.3 STREET ADDRESS	<i>11434 NW 22nd Ave</i>
2.4 CITY-ST-ZIP	<i>MIAMI FLG. 33167</i>
3.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>WALTER WORTHAM</i>
3.3 STREET ADDRESS	<i>2260 NW 117th Street</i>
3.4 CITY-ST-ZIP	<i>MIAMI FLG. 33167</i>
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 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]* **MAMIE Y. Wilson** *president* **4.29.97** **305 1921582**

CR2E037 (9/96)