

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 712139 (5)**  
1. Corporation Name  
**FIRST CHURCH OF GOD OF HOLLYWOOD, INCORPORATED**



|  |  |
|--|--|
| Principal Place of Business<br><b>201 NORTH 57TH AVE.<br/>HOLLYWOOD FL 33021</b> | Mailing Address<br><b>201 NORTH 57TH AVE.<br/>HOLLYWOOD FL 33021</b> |
|--|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>01/23/1967</b>   |   |   |
| 4. FEI Number<br><b>59-1172676</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> PO BOX 6418 |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b>             |
| City & State<br><b>23</b>                   | City & State<br><b>28</b> HOLLYWOOD FL       |
| Zip<br><b>24</b>                            | Country<br><b>25</b>                         |
| Country<br><b>25</b>                        | Zip<br><b>29</b> 33081                       |
| Country<br><b>25</b>                        | Country<br><b>30</b>                         |

9. Name and Address of Current Registered Agent

**MCKENDRICK, KENNETH  
8921 N.W. 5TH STREET  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

|  |                    |
|--|--------------------|
| <b>81</b> Name   |                    |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                    |
| <b>83</b>  |                    |
| <b>84</b> City   | <b>85</b> 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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STR<br/>ZLTO ROTH<br/>3300 N. STATE RD. 7 BOX B200<br/>HOLLYWOOD FL</b>   | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VTA<br/>GREENE DANA<br/>1145 NW 40TH TERRACE<br/>PEMBROKE PINES FL</b>    | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR<br/>HENRY VAL<br/>7740 NW 38TH ST.<br/>HOLLYWOOD FL</b>                | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>MCKENDRICK, KENNETH<br/>8921 N.W. 5TH ST<br/>PEMBROKE PINES FL</b> | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> DELETE            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |   |  |
|--|---|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>Tr/P</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>Tr/V</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>Tr/S<br/>HAROLD DAMSMA<br/>5515 HARRISON ST<br/>HOLLYWOOD FL 33021</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <b>T<br/>PEGGY DAMSMA<br/>5515 HARRISON ST<br/>HOLLYWOOD FL 33021</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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.

SIGNATURE: Peggy J Damsma PEGGY J DAMSMA 4/22/98 954-962-1640

CFR2E037 (10/97)