## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

713012

(3)

THE FIRST CHURCH OF JESUS ASSEMBLY, INC.

Principal Place of Business Mailing Address  3331 WILLIAMS AVENUE MIAMI FL 33133  MIAMI FL 33133	U 1181 B1811 B1811 B18	DII GIBII QIBII BIBII IBDI
3. Date Incorporated or Qualified 06/29/1967		f Last Report /13/1995
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 71-3012230		Applied For Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	<b>ي</b> \$	8.75 Additional
22	4S	Fee Required
City & State City & State 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,	
	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New F	egistered Agei	III
CHAPPELL, CORAL LEE  82 Street Address (P.O. Box Number is Not Acceptate	of Living (C) O. Dov. Nivershor in Not Approximately	
3331 WILLIAMS AVE	iditess (F.O. Box Norriber is Not Acceptable)	
MIAMI FL 83		
84 City	<b>—</b> 85	5 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 pur	FL Cooperation	on 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 app familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ointment as regis	stered agent. I am
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. MOLE Registered Agent signature required which renations?  12. OFFICERS AND DIRECTORS  13. ADDITIONS/OHANGES TO OFF	DATE ICERS AND DIB	RECTORS IN 12
TILE D DELETE 1: TILE	□ Ch	
NAME MACK, TYRONE 12 NAME		_
STREET ADDRESS 10541 S.W. 149 TERR. 13 STREET ADDRESS		
CITY-SI-ZIP MIAMI FL 33176 14 CITY-SI-ZIP		T describe
TITLE SD DELETE 21TILE  NAME MARSHALL, ADA 22 NAME	□ Cr	hange 🔲 Addition
STREET ADDRESS  235 JEFFERSON DRIVE  23 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33133 2 4 CITY-ST-ZIP		
TITLE D DELETE 31 DILE	☐ C1	nange 🔲 Addition
NAME MILBRY, VERLIE BERNICE 32 NAME		
STREET ADDRESS         3395 GRAND AVE APT 5         33 STREET ADDRESS           CHY-ST-ZIP         MIAML FL 00000         34 CHY-ST-ZIP		
C+Y+SF-ZP    MIAMI, FL 00000	□ Ch	hange 🗀 Addition
NAME CHAPPELL, CORA LEE 4 2 NAME		_
STHEET ADDRESS 3331 WILLIAMS AVE 4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 00000 44 CITY ST ZIP	<u>~</u>	D 1.19
TOTLE D DELETE STRICE	☐ Ch	hange 🔲 Addition
NAME MARSHALL, NATHAN 5.2 NAME STREET ADDRESS 235 JEFFERSON DRIVE 5.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33133 54 CITY-ST-ZIP		
TI'LE D DELETE 61 TITLE	□ Ct	hange 🔲 Addition
N±ME WHITE, LOUIS 62 NAME		
STHEET ADDRESS 15101 HARRISON STREET 63 STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33176 64 CITY-S1-ZIP 64 CITY-S1-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   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

SIGNATURE:

CORA LEE CHAPPELL Cora Lee Chappell PRESIDENT

2-17--96

PHONE 4449095

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