


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714044 (5)**  
1. Corporation Name  
**FIRST CHURCH OF GOD OF HOMESTEAD, FLORIDA, INC.**

Principal Place of Business <b>16235 SW 288 STREET HOMESTEAD FL 33033</b>	Mailing Address <b>16235 SW 288 STREET HOMESTEAD FL 33033</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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<b>3.</b> Date Incorporated or Qualified <b>01/31/1968</b>
<b>4.</b> FEI Number <b>59-2226218</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**LOSNER, STEVEN  
65 NW 16TH STREET  
HOMESTEAD FL 33033**

**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>FL</b> <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	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>NUNEZ, RHONDA</b>	
STREET ADDRESS	<b>16235 SW 288 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ROLAND</b>	
STREET ADDRESS	<b>16235 SW 288 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIZZELL, ANTONIO</b>	
STREET ADDRESS	<b>16235 SW 288 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAWKINS, JUDITH</b>	
STREET ADDRESS	<b>16235 SW 288 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>DT</b>
4.3 STREET ADDRESS	<b>Delores M. Barrera</b>
4.4 CITY-ST-ZIP	<b>15580 SW 143 Ave Miami, FL 33177</b>
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 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 \_\_\_\_\_ (305) \_\_\_\_\_

CR2E037 (10/97)