

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 22 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
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**DOCUMENT # 729040 (6)**

1. Corporation Name  
**ST. PETERS CHURCH OF GOD BY FAITH, INC.**  
*New*  
**ST. PETERS CHURCH OF GOD OF THEAPOSTOLIC**

Principal Place of Business 8101 N W 22ND AVE MIAMI FL 33147 US	Mailing Address P.O. BOX 010734 MIAMI FL 33101-0734 US	<b>FAITH</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/05/1974</b>	3a. Date of Last Report <b>06/24/1996</b>
4. FEI Number <b>05-0298400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NESMITH, JOHN M**  
**849 NW 74TH STREET**  
**MIAMI FL 33150**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NESMITH, JOHN M</b>	1.2 NAME	
STREET ADDRESS	<b>849 NW 74TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ELIZABETH S</b>	2.2 NAME	
STREET ADDRESS	<b>731 N W 17TH ST #9</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NESMITH, ALAMARINE</b>	3.2 NAME	
STREET ADDRESS	<b>849 N W 74TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*Handwritten:* 522-97

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 \_\_\_\_\_

**ELIZABETH S. JONES** *Handwritten:* Elizabeth S. Jones Secretary W/C (305) 536-6698

CR2E037 (9/96)

**ARTICLES OF AMENDMENT**  
to  
**ARTICLES OF INCORPORATION**  
of

*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.*

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

ST. PETER CHURCH OF GOD BY FAITH INC.

BY FAITH INC has been dropped from the above name on AUGUST 1, 1996.

THE NAME TO BE ADDED IS ST PETER CHURCH OF GOD OF THE APOSTOLIC FAITH

THIS NAME WILL BE USE FROM NOW ON

**SECOND:** The date of adoption of the amendment(s) was: AUGUST 1, 1996

**THIRD:** Adoption of Amendment (CHECK ONE)

- The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

St Peter Church of GOD of the Apostolic Faith  
Corporation Name

Elizabeth S. Jones  
Signature of Chairman, Vice Chairman, President or other officer

ELIZABETH S. JONES  
Typed or printed name

SECRETARY

Title

MAY, 1997

Date