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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729040

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

Principal Place of Business
 8101 N.W. 22ND AVE.
 MIAMI FL 33147
 US

Mailing Address
 P.O. BOX 010734
 MIAMI FL 33101-0734
 US



21	2. Principal Place of Business	2a. Mailing Address	26	849 N.W. 74 St.	3. Date Incorporated or Qualified	30/05/1974
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For	05-0298400
23	City & State	28	City & State	5. Certificate of Status Desired	Not Applicable	\$8.75 Additional Fee Required
24	Zip	29	Zip	6. Election Campaign Financing	Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NESMITH, JOHN M 849 NW 74TH STREET MIAMI FL 33150				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NESMITH, JOHN M		1.2 NAME				
STREET ADDRESS	849 NW 74TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33150		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JONES, ELIZABETH S		2.2 NAME				
STREET ADDRESS	731 N W 17TH ST #9		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33136		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NESMITH, ALAMARINE		3.2 NAME				
STREET ADDRESS	849 N W 74TH ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33150		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				

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, with all other like empowered.

SIGNATURE: AURORA [Signature] DATE: 3/29/99 (305) 6910971

CR2E037 (11/98)