FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Feb 06 1998 8:00am Secretary of State

1. Corporation Name /3519	(6)		
CHURCH OF GOD EVANGELIST CENTER, INC.			
	OLIVICIO IIIO		
Principal Place of Business	Mailing Address		
·	-		
3152 NW 57TH ST MIAMI FL 33142	3152 NW 57TH ST MIAMI FL 33142		3. Date Incorporated or Qualified
			03/10/1976 4. FEI Number Applied For
			65-0214376 Not Applicable
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
21	26		Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowners association?
23	28		Yes No
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25		30	Personal Property Tax due June 30. Yes No
9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
WORKMAN, DEBORHA			
1480 N.W. 87TH TERR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)
MAMI FL 33147		83	
		84 City	85 Zip Code
11 Discourant to the control of Control C17 Of	20 and 647 4500. Florid - Out to		
office or registered agent, or both, in the State	te of Florida. Such change was a	es, the above-named corporal uthorized by the corporal	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
/// /	gations of, Section 677,0503, Flo	rida Statutes.	1/26/98
SIGNATURE Signalure, The of printed name of registered a	gent and title if applicable. (NOTE	Registered Agent signature requi	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12"
TITLE PV	☐ DELETE	1,1 TITLE	Change Addition
NAME HICKS-GILMORE, DENISE		1.2 NAME	
STREET ADDRESS 1480 N.W. 87TH TERRACE CITY-ST-ZIP MIAMI FL		1.3 STREET ADDRESS	}
CITY-ST-ZIP MIAMI FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME WORKMAN, DEBORAH		2.2 NAME	
STREET ADDRESS 1480 N.W. 87TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2. 4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	3.1 TITLE	Change Addition
NAME GILMORE, MARY E.		3.2 NAME	
STREET ADDRESS 1480 N.W. 87TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL	DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE TD NAME GILMORE, CORA	L_i O(LETE	4.1 TITLE	Change Addition
STREET ADDRESS 1480 N.W. 87TH TERRACE		4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
		0.0 0	
CTTY-ST-ZIP		5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	☐ DELETE		☐ Change ☐ Addition
	DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

Indicated on this annual report or supplied want this mining does not quality for the exemption stated in Section 119.07(5)(f), Profide 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 of 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: