


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737836** (7)

1. Corporation Name

JOHN STEMBRIDGE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**DBA ALIJAH PRAISE & WORSHIP
545 NE 125TH ST.
N. MIAMI FL 33161
US**

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545 NE 125TH ST.
N. MIAMI FL 33161
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1977** 3a. Date of Last Report **10/11/1996**

4. FEI Number **59-1725148** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEMBRIDGE, JOHN M.
545 NE 125TH STREET
NORTH MIAMI FL 33161**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMBRIDGE, JOHN	1.2 NAME	
STREET ADDRESS	545 NE 125TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, WILLADENE	2.2 NAME	
STREET ADDRESS	6001 MALL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEBAKER, HELEN	3.2 NAME	
STREET ADDRESS	3722 S.W. 69TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 **SIGNATURE REQUIRED**

7/14/97 85-892-0800

CP2E037 (4/97)