FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

| | GELICAL MINISTRIES OF S | | | | |
|---|---|---|----------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | | |
| 17710 S.W. BIST COURT P.O. BOX 3359. MIAMI. FL 33169 FT LAUDERDALE FL 33331 | | 17710 S.W. 61ST COURT P.O. BOX 3359. MIAMI. FL 33169 FT LAUDERDALE FL 33331 | | | 3. Date Incorporated or Qualified 07/10/1981 4. FEI Number Applied For |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 59-2126695 Not Applicable 5. Certificate of Status Desired \$8.75 Additional |
| 21 | | 26 | | | Fee Required |
| Sulte, Apt. #, etc. Sulte, Apt. #, etc. 22 | | | | 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 | Coun | try | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 | 25 9. Name and Address of Curr | rent Registered Agent | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | . Traine and Address of Cult | ont Hogistotes Agent | | 1 Name | |
| FRAV S | SANFORD | | L. | 0 | Address (D.O. Court Institute Association) |
| FRAY, SANFORD 17710 S.W. 61ST COURT | | | ľ | 32 Street | et Address (P.O. Box Number is Not Acceptable) |
| | FT. LAUDERDALE FL 33331 | | | 13 | |
| | | | 1 | 14 City | 85 Zip Code |
| 11. Pursuant | | | | | |
| office or agent. I a | registered agent, or both, in the Sta am familiar with, and accept the ob- | | | | ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered |
| 12. | | AND DIRECTORS | 13. | -gerit eignetu | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITL | E | Change Addition |
| NAME | FRAY, SANFORD | | 1.2 NAM | 4E | |
| STREET ADDRESS | 17710 SW 61ST CT | | 1.3 STR | EET ADDRESS | ss · |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CIT | -ST-ZIP | |
| TITLE | SD | ☐ DELETE | 2.1 TITL | | Change Addition |
| NAME | SAWYERS, LLOYD | | 2.2 NAM | | |
| STREET ADDRESS | 17620 NW 42ND CT. | | | EET ADDRESS | is |
| CITY-ST-ZIP | MIAMI FL TD | DELETE | 2. 4 Cit 3.1 TiTL | Y-ST-ZIP E | Change Addition |
| NAME | BOURNE, DERRICK | | 3.2 NAS | | |
| STREET ADDRESS | 285 NE 191 ST #2914 | | | EET ADDRESS | us l |
| CITY-ST-ZIP | MIAMI FL | | | Y-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITL | | ☐ Change ☐ Addition |
| NAME | į | | 4. 2 NA | ME | |
| STREET ADDRESS | ļ | | 4.3 STR | EET ADDRESS | is (|
| CITY-ST-ZIP | | The second | | r-St-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITL | | Change Addition |
| NAME OTROCE ADDRESS | | | 5.2 NAN | | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS (-st-zip | N |
| TITLE | | DELETE | 6.1 TITL | | ☐ Change ☐ Addition |
| NAME |] | | 6.2 NAA | _ | |
| CIBELL ADDOCCE | 1 | | | ret annbeede | ec l |

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:

FILED

Apr 06 1998 8:00am

Secretary of State