FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

760490

(3)

- Corporation	n Name	` '		
BIBLEWAY CHURCH OF THE APOSTOLIC FAITH, INC. Principal Place of Business Mailing Address				
18301 S.W.102 AVENUE 18301 S.W.102 AVENUE			3. Bata Incorporated at Overliffeed	
MIAMI FL 33157-5283 MIAMI FL 33157-5283				3. Date Incorporated or Qualified
				10/19/1981 4- FEI Number Applied For
				59-2131463 Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		
21		26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27				Trust Fund Contribution
Clty & Stat	e	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	Yes No
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curren	1	30	10. Name and Address of New Registered Agent
81 Name (
HARRIS, PAUL KENNETH 82				ress (P.O. Box Number is Not Acceptable)
10485 SW 170 TERR				85 5 W 170 TW
MIAMI FL 33157			83 ' '	
}			84 City	∩ • A 85 Zip Code
			1 1 1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE				
12.	Signature, typed or printed name of registered age OFFICERS ANI		E: Registered Agent signature requi	Irad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, PAUL K		1.2 NAME	
STREET ADDRESS	10485 SW 170TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	The state of the	☐ DELETE	2.1 TITLE	Change Addition
NAME	HILL WYLEAN		2.2 NAME	
STREET ADDRESS	19832 SW 121 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	Change Addition
NAME	PETTIGREW, IRENE		3.2 NAME	
STREET ADDRESS	10283 SW 174 TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	
ן זוזנב	VD	L DELETE	4.1 TITLE	Change Addition
NAME	HENRY, DONALD		4. 2 NAME	•
STREET ADDRESS	15404 S.W. 103RD AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	T DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	S.1 TITLE	Change L. Addition
NAME			5.2 NAME	
STREET ADDRESS	,		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	E omigo Monton
STREET ADDRESS			6.3 STREET ADDRESS	
SINGEL ADUNESS			U.S STREET ADDRESS	

I hereby certify that the information supplied with this filling 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.

FILED

Jan 20 1998 8:00am

Secretary of State