

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762229** (3)

1. Corporation Name

SHALOM MINISTRIES GOSPEL MISSION INC.

Principal Place of Business

**610 NORTH SHORE DRIVE
MIAMI BEACH FL 33141**

Mailing Address

**P.O. BOX 1588 ← Changed
MIAMI FL 33119**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1982		3a. Date of Last Report 06/12/1996	
21 Suite, Apt. #, etc.		26 610 N. Shore Drive		4. FEI Number 59-2252727		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 Miami Beach, FLA		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 33141-2434		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 U.S.A		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GARCIA, JAMES
610 NORTH SHORE DRIVE
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

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

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

President Director

(NOTE: Registered Agent signature required when reinstating)

4-29-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOY TAN	1.2 NAME	
STREET ADDRESS	610 NORTH SHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JAMES	2.2 NAME	
STREET ADDRESS	610 NORTH SHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, LEWIS T.	3.2 NAME	
STREET ADDRESS	RT 5 BOX 5 500 RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKINGHAM NC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRYAN	4.2 NAME	
STREET ADDRESS	10390 NW 135TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSIEL, HERBERT	5.2 NAME	
STREET ADDRESS	542 EUCLID AVENUE, #5	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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 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:

James Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

Daytime Phone # **0076313**

(305) 866-5355

CR2037 (9/96)