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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762229

1. Corporation Name
SHALOM MINISTRIES GOSPEL MISSION INC.

Principal Place of Business	Mailing Address
414 16TH STREET MIAMI BEACH FL 33139 US	610 N SHORE DR MIAMI BEACH FL 33141-2434 US

2. Principal Place of Business
21 414-16th Street
Suite, Apt. #, etc.
22
City & State
23 Miami Beach FLA
Zip 24 33139 Country 25 U.S.A

2a. Mailing Address
26 610 North Shore Drive
Suite, Apt. #, etc.
27
City & State
28 Miami Beach
Zip 29 33141-2434 Country 30 U.S.A

3. Date Incorporated or Qualifed
06/03/1982

4. FEI Number
59-2252727
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

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

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 Rev. James Garcia / Pres. Dir. Rev. James Garcia (Pres. dir.) 3-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, BRYAN		4. 2 NAME		
STREET ADDRESS	8991 NW 188TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33018		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POSSIEL, HERBERT		5.2 NAME		
STREET ADDRESS	555 NE 123RD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33161		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: James Garcia SIGNATURE REV. JAMES GARCIA 3-28-99 (305) 866-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)