

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765265 (4)

1. Corporation Name

SEVENTH DAY CHURCH OF GOD OF FLORIDA, INC.

Principal Place of Business

C/O PEARLINE WHITE
19823 MIDWAY BLVD.
PORT CHARLOTTE FL 33948

Mailing Address

4655 MYLA LANE
WEST PALM BEACH FL 33417
US



3. Date Incorporated or Qualified
10/04/1982

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

21 ALAM AVE

2a. Mailing Address

26 MYLA LANE

Suite, Apt. #, etc.

22 8740

Suite, Apt. #, etc.

27 4655

City & State

23 NORTH PORT Florida

City & State

28 West Palm Beach Fla

Zip

24 34287

Country

25 U.S.A

Zip

29 33417

Country

30 U.S.A

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, BRUKIE
1909 HAVERHILL RD
#7
WEST PALM BEACH FL 33417

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BROWN, BRUKIE
STREET ADDRESS 1909 HAVER HILL APT 7
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ DELETE

NAME THOMPSON, ROHAN
STREET ADDRESS 4531 LULLABY RD
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ DELETE

NAME ATKINS, LILLY BELLE
STREET ADDRESS 8740 N.W. ALAM AVE.
CITY-ST-ZIP NORTH PORT FL

change to →

TITLE ☐ DELETE

NAME ATKINS, LILLY BELLE
STREET ADDRESS 8740 NW ALAM AVE
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ DELETE

NAME SCOTT, SHARON
STREET ADDRESS 2520 NW 39TH WAY #1B
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE ☐ DELETE

NAME THOMPSON, VELMA
STREET ADDRESS 4531 LULLABY ROAD
CITY-ST-ZIP NORTH PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GS
ROSALIE BURKE
4655 MYLA LANE
WEST PALM BEACH FL

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: BRUKIE BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

DATE

DAYTIME PHONE #

CR2E037 (12/95)