

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 766364 (4)
 Corporation Name
THE FULL GOSPEL FELLOWSHIP CHURCH IN MIAMI, INC.



Principal Place of Business 10341 SW 82ND CT MIAMI FL 33156	Mailing Address 10341 SW 82ND CT MIAMI FL 33156
---	---

3. Date Incorporated or Qualified
12/30/1982

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

2. Principal Place of Business 21 10341 SW 82ND COURT Suite, Apt. #, etc.	2a. Mailing Address 26 10341 SW 82ND COURT Suite, Apt. #, etc.
22 MIAMI, FLORIDA	27 MIAMI, FLORIDA
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 33156 Country USA	29 33156 Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MAXEY, TOM
3001 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FALCO, ROBERT D.	
STREET ADDRESS	1150 FAITH CIRCLE EAST, APT 2104	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FALCO, PHYLLIS S.	
STREET ADDRESS	1150 FAITH CIRCLE EAST, APT 2104	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS O.	
STREET ADDRESS	10341 SW 82 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEGAARD, MIRIAM R.	
STREET ADDRESS	9590 SW 19TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, EVANGELINE R.	
1.3 STREET ADDRESS	10341 SW 82 CT	
1.4 CITY-ST-ZIP	MIAMI, FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Thomas O. Johnson **THOMAS O. JOHNSON** 2-18-98 (305) 271-1310

CR2E037 (10/97)