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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
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DOCUMENT # 766364 (4)

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
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3. Date Incorporated or Qualified 12/30/1982	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 10341 SW 82ND COURT Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33156	2a. Mailing Address 25 10341 SW 82ND COURT Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33156	Country 25 USA Country 30 USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FALCO, ROBERT D.	1.2 NAME	JOHNSON, EVANGELINE R.
STREET ADDRESS	1150 FAITH CIRCLE EAST, APT 2104	1.3 STREET ADDRESS	10341 SW 82 CT
CITY-ST-ZIP	BRADENTON FL 34202	1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VSD	2.1 TITLE	
NAME	FALCO, PHYLLIS S.	2.2 NAME	
STREET ADDRESS	1150 FAITH CIRCLE EAST, APT 2104	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	JOHNSON, THOMAS O.	3.2 NAME	
STREET ADDRESS	10341 SW 82 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	NEGAARD, MIRIAM R.	4.2 NAME	
STREET ADDRESS	9590 SW 19TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

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

CR2E037 (10/97)