

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M32877

(6)

1. Corporation Name

THOMPSON'S TEMPLE CHURCH OF GOD AND CHRIST INTER
NATIONAL, INC.



Principal Place of Business

680 N.W. 71 STREET
MIAMI FL 33150

Mailing Address

680 N.W. 71 STREET
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1986

4. FEI Number

59-2388306

Applied For
Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip Country

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BQRSUQUOT, MARQUERITA
6710 NW 5TH AVE
MIAMI FL 33150

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, LANCASTER
STREET ADDRESS 680 NW 71ST ST
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

TITLE SD
NAME COX, CONNIE
STREET ADDRESS 680 NW 71ST ST
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

TITLE TD
NAME EDWARDS, ALETHA
STREET ADDRESS 680 NW 71ST ST
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 ☐ Change ☐ Addition
2.2 NAME 7000002661157
2.3 STREET ADDRESS -10/12/98--01004--039
2.4 CITY-ST-ZIP ***250.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 7000002661157
3.3 STREET ADDRESS -10/12/98--01004--040
3.4 CITY-ST-ZIP ***200.00

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 7000002661157
4.3 STREET ADDRESS -10/12/98--01004--041
4.4 CITY-ST-ZIP ***50.00

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 7000002661157
5.3 STREET ADDRESS -10/12/98--01004--042
5.4 CITY-ST-ZIP ***50.00

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

9/23/98 305 752-1230

CR2E034 (5/98)