

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02166** (9)  
1. Corporation Name  
**T.O.P. MINISTRIES, INC.**



Principal Place of Business <b>2150 MARTIN LUTHER KING AVENUE FT. LAUDERDALE FL 33311</b>	Mailing Address <b>2150 MARTIN LUTHER KING AVENUE FT. LAUDERDALE FL 33311</b>
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3. Date Incorporated or Qualified

**03/23/1984**

4. FEI Number

**65-0104836**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**ELLIS, SAMUEL G  
2121 NW 47TH AVENUE  
LAUDERHILL FL 33313**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELLIS, SAMUEL G.	
STREET ADDRESS	2121 NW 47 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELLIS, CAROLYN	
STREET ADDRESS	2121 N.W. 47TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	CLARK, SHARON	
STREET ADDRESS	3160 HOUSTON STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLISON, LARRY	
STREET ADDRESS	4232 N.W. 25TH PLACE	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORER, KENNETH	
STREET ADDRESS	2321 N.W. 47TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBSON, DEAN	
STREET ADDRESS	4520 N.W. 36TH STREET #212	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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: *Samuel Ellis* **REQUIRED**

1/7/98

CR2E037 (10/97)