

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90025 048 ****61.25

DOCUMENT # N02166

1. Corporation Name

T.O.P. MINISTRIES, INC.

Principal Place of Business

2150 MARTIN LUTHER KING AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

2150 MARTIN LUTHER KING AVENUE
FT. LAUDERDALE FL 33311



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/23/1984

4. FEI Number

65-0104836

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

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP
NAME ELLIS, SAMUEL G.
STREET ADDRESS 2121 NW 47 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DELETE

TITLE VD
NAME ELLIS, CAROLYN
STREET ADDRESS 2121 N.W. 47TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DELETE

TITLE STD
NAME CLARK, SHARON
STREET ADDRESS 3160 HOUSTON STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33313 ☒ DELETE

TITLE D
NAME ELLISON, LARRY
STREET ADDRESS 4232 N.W. 25TH PLACE
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DELETE

TITLE D
NAME MOORER, KENNETH
STREET ADDRESS 2321 N.W. 47TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DELETE

TITLE D
NAME GIBSON, DEAN
STREET ADDRESS 4520 N.W. 36TH STREET #212
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Hardy, Kevin
1.4 CITY-ST-ZIP 2440 NW 33rd st #1802
Ft. Lauderdale, FL 33309

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME Brown, Sherika
3.3 STREET ADDRESS 2420 NW 33rd st #1002
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel G. Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/99

Daytime Phone #

735-3510

CR2E037 (5/99)