

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N05091 (6)**  
 1. Corporation Name  
**THE CHURCH OF THE LORD JESUS CHRIST OF THE APOSTOLIC FAITH OF FLORIDA, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>% JAMES TAYLOR<br/>5722 N MIAMI AVENUE<br/>MIAMI FL 33127</b> | Mailing Address<br><b>% JAMES TAYLOR<br/>5722 N MIAMI AVENUE<br/>MIAMI FL 33127</b> |
|---|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/11/1984</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>59-2450377</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
|---|--|

9. Name and Address of Current Registered Agent  
**TAYLOR, JAMES  
5722 N. MIAMI AVENUE  
MIAMI FL 33127**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 type="checkbox"/> DELETE            |
| NAME           | <b>TAYLOR, JAMES</b>       |  |
| STREET ADDRESS | <b>5722 N MIAMI AVENUE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| TITLE          | SD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>TAYLOR, MAIZELIN</b>    |  |
| STREET ADDRESS | <b>5722 N MIAMI AVENUE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| TITLE          | TD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WILLIAMS, R.</b>        |  |
| STREET ADDRESS | <b>5722 N MIAMI AVENUE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <b>SD.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>DAHLIA MYRIE</b>   |
| 2.3 STREET ADDRESS | <b>5722 N MIAMI AVE</b>   |
| 2.4 CITY-ST-ZIP    | <b>MIAMI FL 33127</b>   |
| 3.1 TITLE          | <b>TD.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>JAMES TAYLOR</b>   |
| 3.3 STREET ADDRESS | <b>5722 N MIAMI AVE</b>   |
| 3.4 CITY-ST-ZIP    | <b>MIAMI FL 33127</b>   |
| 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date **April 5 / 198 (305) 756 8630** Daytime Phone # **0028385**

CR2E037 (10/97)