

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT

1. Corporation Name

NO 9575
TEMPLE OF GOD AND CHRIST, INC.

Principal Place of Business

Mailing Address

2998 N.W. 54 ST.
MIAMI, FL 33142

THELMA CURTIS
5250 N.W. 31ST AVE
MIAMI, FL 33142

TEMPLE OF GOD AND CHRIST, INC.

2. Principal Place of Business

2a. Mailing Address

21 2998 N.W. 54 ST.
Suite, Apt. # etc.

26 5250 N.W. 31ST AVE
Suite, Apt. # etc.

22 City & State
MIAMI, FL

27 City & State
MIAMI, FL

23 Zip
33142

24 Country
DADE

28 Zip
33142

29 Country
DADE

3. Date Incorporated or Qualified

3a. Date of Last Report

JUNE 3RD 1985

2-3-95

4. FEI Number

Applied For

059-2448679

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN D. STOLAR
290 NW 165th Street, Suite M-400
Miami, FL 33169-6457

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 ☒ DELETE
NAME THELMA CURTIS
STREET ADDRESS 5250 N.W. 31ST AVE
CITY - ST - ZIP MIAMI, FL 33142

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME INEZ INAGRAHAM
STREET ADDRESS 2240 N.W. 204 ST.
CITY - ST - ZIP CAROL CITY FL 33054

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME BETTY McPHERSON
STREET ADDRESS 2932 NW 58 ST
CITY - ST - ZIP MIAMI, FL 33142

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME GRACE JEFFERSON
STREET ADDRESS 8400 N.W. 25 AVE, APT. #28
CITY - ST - ZIP MIAMI, FL 33142

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME S.T. TOMMIE L. JOHNSON
STREET ADDRESS 5250 N.W. 31ST AVE
CITY - ST - ZIP MIAMI, FL 33142

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Betty McPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY McPHERSON, President

4-6-96

Date

638-0151

Daytime Phone #

CR2E037 (12/95)