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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N09575** **(4)**

1. Corporation Name

TEMPLE OF GOD AND CHRIST, INC.

Principal Place of Business	Mailing Address
2998 NW 54 ST. MIAMI FL 33142	~~Deceased~~ ~~C/O THELMA CURTIS~~ ~~5250 NW 31ST AVE~~ ~~MIAMI FL 33142-3441~~ Inez Ingraham 2260 NW 204 St Miami, FL 33056

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 2260 NW 204 St Fla. Fla,	06/03/1985	05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2668679	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami Fla.	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33056 / 30 Dade	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

STOLAR, ALLEN D.
290 N.W. 165 ST., M-#400
MIAMI FL 33169

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CURTIS, THELMA L.		1.2 NAME		
STREET ADDRESS	5250 NW 31ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	INAGRAHAM, INEZ		2.2 NAME		
STREET ADDRESS	2260 NW 204 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY FL 33056		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MCPHERSON, BETTY		3.2 NAME	McPherson, Betty	
STREET ADDRESS	2932 NW 58TH ST		3.3 STREET ADDRESS	2932 NW 58 Street	
CITY-ST-ZIP	MIAMI FL 33142		3.4 CITY-ST-ZIP	Miami, Fl. 33142	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERSON, GRACE		4.2 NAME		
STREET ADDRESS	8400 NW 25 AVE. APT. 28		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		4.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	5.1 TITLE	S/T	☒ Change ☐ Addition
NAME	JOHNSON, TOMMIE, L		5.2 NAME	Linda Bestman	
STREET ADDRESS	5250 N.W. 31ST AVE.		5.3 STREET ADDRESS	1621 NW 175 Terr.	
CITY-ST-ZIP	MIAMI FL 33142		5.4 CITY-ST-ZIP	Miami, Fla. 33 169	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [illegible] 1-15-97 305-194-8450