## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N09575

(4)

**FILED** Feb 09 1998 8:00am Secretary of State

TEMPLE OF GOD AND CHRIST, INC.					
Principal Place of Business		Mailing Address			T CONTRIBUT DIT GOTTO TOTAL BISHT CORDIL BLUT DICTLE DEDIT DICTL DICTLE DEDIT DICTLE DICTLE DEDIT DICTLE DEDI
2998 NW 54 ST. MIAMI FL 33142		C/O INEZ INGRAHAM 2260 N.W. 204 ST. MIAMI FL 33056 US			3. Date Incorporated or Qualified  06/03/1985  4. FEI Number  Applied For
		00			<b>59-2668679</b> Not Applicable
Principal Place of Business     1		26. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		-	7. Is this nonprofit corporation a homeowners association?
Zip 24			Country	/	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			30]		10. Name and Address of New Registered Agent
	81 Name				
STOLAR, ALLEN D. 290 N.W. 165 ST., M-#400 Miami Fl 33169			82	Street Addr	ress (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.	· · · · · · · · · · · · · · · · · · ·	gent and tile II appicable. (NOTE: ND DIRECTORS	Registered Age	ent signature requir	red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	1	Change Addition
NAME	INAGRAHAM, INEZ		1.2 NAME		
STREET ADDRESS	2260 NW 204 STREET		1.3 STREET	ADDRESS	
CITY-ST-ZIP CAROL CITY FL 33056		1.4 CITY-ST-ZIP		T-ZIP	
TITLE	0	☐ DELET <b>E</b>	DELETE 2.1 TITLE		Change Addition
MCPHERSON, BETTY		2.2 NAME			
STREET ADDRESS	2932 N.W. 58 STREET	2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP MIAM! FL TITLE D		T DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		
NAME					Change Addition
NAME JEFFERSON, GRACE STREET ADDRESS 8400 NW 25 AVE. APT. 28			3.2 NAME 3.3 STREET	1000000	
CITY-ST-ZIP	1811 F1 00440		3.4. CITY - S		
TITLE	ST	DELETE	4.1 TITLE	71-431	Change Addition
NAME	BESTMAN, LINDA		4. 2 NAME		_ , _
STREET ADDRESS	ESS 1621 NW 175 TERR. 4.35		4.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169		4.4 CITY - S	T- ZIP	
TITLE	•		5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	1	
CITY-ST-ZIP TITLE			5.4 CITY - ST	1-ZIP	Change Addition
NAME		C) presit	62 NAME		Clanife C Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST		
14. I hereby certify that the information supplied with this filling 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 131 changed, or on an attachment with an address.					