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

POCUMENT #

N11263

(3)

EBENEZER BIBLE WAY CHURCH OF OUR LORD JESUS CHRIST WORLD-WIDE (OF THE APOSTOLIC FAITH), INC.

Principal Place of Business Mailing Address						
14835 1388 NW 7TH AVE		255 N.E. 115 STREET				3. Date Incorporated or Qualified
MIAMI FL 3316		MIAMI FL 33169				09/24/1985
US		US				4. FEI Number Applied For
						59-2610734 Not Applicable
	lace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional
21 1483		26			<u>.</u>	Fee Required
Suite, Apt.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 MIA 1		27				Trust Fund Contribution
City & Stat	е	City & State				7. Is this nonprofit corporation a homeowners association?
23 <u> </u>	Country	Zip	, , , , , , , , , , , , , , , , , , , 	Country		L Yes L No
24 33/68		29	30	Journay		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 27.00	9. Name and Address of Current		130	T		10. Name and Address of New Registered Agent
				81	Name)
CROOKS	S, WELTON L.			82	Stroot	Address (P.O. Box Number is Not Acceptable)
	115TH ST.			102	SHEEK	Address (F.O. Box Nulliber is Not Acceptable)
MIAMI FI				83		
*****				84	City	85 Zip Code
				64	City	FL 100 210 COG
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the	e above	-named	d corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Fl	lorida S	Statutes		rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		DELETE				
TITLE	PCDM ODOOKS WELTON	[] DELEIE	1	.1 TITLE		Change Addition
NAME	CROOKS, WELTON L.			2 NAME		
STREET ADDRESS	255 N.E. 115TH ST.			3 STREET		
CITY-ST-ZIP	NORTH MIAMI FL	DELETE		4 CITY - ST	- ZIP	Change Addition
TITLE	CDOOKS WANDEDED I	□ oticit		1 TITLE		Change C Audition
NAME	CROOKS, WINNIFRED L.			.2 NAME		
STREET ADDRESS	255 N.E. 115TH ST.			.3 STREET		}
CITY-ST-ZIP TITLE	NORTH MIAMI FL	DELETE	_	. 4 CITY - S	T-ZIP	☐ Change ☐ Addition
	SD HEMANG ALIZON	□ pereie		.1 TITLE		Citange D Municipi
NAME	HEMANS, ALIZON			2 NAME	(DDnron	
STREET ADDRESS	4110 N.W. 203TH LANE			3 STREET		
CITY-ST-ZIP	NORTH MIAMI FL	DELETE	_	.4. CITY - S	I - ZIP	Change Addition
TITLE	D COENCE OFFICE	C DICCIL		.1 TITLE		C Change C Addition
NAME	SPENCE, OLIVE			. 2 NAME		
STREET ADDRESS	11227 NW 15TH CT. MIAMI FL			3 STREET		
CITY-ST-ZIP	D MIMMI FC	☐ DELETE	_	.4 CITY-ST .1 TITLE	- ZIP	☐ Change ☐ Addition
TITLE	•	☐ percic	1			Change Addition
NAME CIRCET ADDOCES	BAXTER, RUPERT			2 NAME	. C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	
STREET ADDRESS	4680 N.W. 8TH DR.			3 STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	_	.4 CITY - ST .1 TITLE	- 214	Change Addition
TITLE	DEDCI LIAAHITOM	☐ pertit				Change Li Addition
NAME	BEREL, HAMILTON			.2 NAME	I D D D D D D D	
STREET ADDRESS	4431 N.W. 170 STREET		•	.3 STREET		
CITY-ST-ZIP	MIAMI FL		6.4	4 CITY-ST	- ZIP	

Thereby 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:

WYOME

WELTONL CROOKS

3/20/98

FILED

Mar 27 1998 8:00am

Secretary of State

2E037 (10/97)