## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N16873

(4)

CHURCH OF GOD AND SAINTS OF CHRIST, TABERNACLE # TEN, MIAMI, FLA., INC.

Principal Place of Business		Mailing Address		, and tites and state durch tours livit brieft \$1811 \$1811 \$1811 \$1811 \$1811	
406 N.W. 53RD ST. E MIAMI FL 33127		406 N.W. 53RD ST. E MIAMI FL 33127			
				3. Date Incorporated or Qualified 08/11/1986	3a. Date of Last Report 08/30/1995
	ace of Business	2a. Mailing Address		4. FEI Number APPLICABLE	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			☐ Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	V. This corporation has masting for imanignos tax under s. 105.002.		
24	25 Sema and Address of Currer		30	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name CAMBEL TOGERN BASES OF					
EAVES, SAMUEL JOSEPH, SR.				SAMUEL JOSEPH EAVES, S.	R.
3401 STUART STREET			82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32209					
37.137.13	VIII.				
			84 City	JACKSONVILLE	FL 85 Zip Code 32209
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 re-instating)  DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	, D	DELETE	1.1 TITLE		Change Addition
NAME	WHITE, ESSIE		1.2 NAME	D	
STREET ADORESS	2012 NW 76TH STREET		1.3 STREET ADDRESS	WHITE, ESSIE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	2012 N. W. 793847	
TITLE	D	DELETE	21 TITLE	D	Change Addition
NAME ]	WHITE, JUANITA		2 2 NAME	WHITE, JUANITA	
STREET ADDRESS	2012 NW 76TH STREET		2.3 STREET ADDRESS	2012 N.W. 76 St.,	
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST-ZIP	MIAMI, FL 33147	
TITLE	D	DELETE	3 1 TITLE	D	Change Addition
NAME ]	MITCHELL, VERA		3.2 NAME	MITCHELL, VERA	
STREET ADDRESS	16910 NW 14TH AVENUE		3 3 STREET ADDRESS	16910 N.W. 14 AVENUE	
CITY+ST-ZIP	MIAMI FL		3 4. CITY - ST - ZIP	MIAMI, FL	
TITLE	D	DELETE	4.1 TITLE	D	Change Addition
NAME	EAVES, SAMUEL J.		4. 2 NAME	EAVES, SAMUEL J.	
STREET ADDRESS	1934 RIBAULT SCENIC DR.	i	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JAZKSBIBAULT, SCENIC D	к.
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		;
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		·	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		İ
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 lam 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 13 or Block 13 if changed, or on an attachment with an address.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 305-547-0324

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