

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17 1997 8:00am
Secretary of State

1. Name and Mailing Address of Corporation: **DOCUMENT # N16873 (4)**
PR0100936
CHURCH OF GOD AND SAINTS OF CHRIST, TABERNACLE #
TEN, MIAMI, FLA., INC.
PO BOX 381293
MIAMI FL 33238

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$225.00
Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/11/1986** 3a. Date of Last Report **07/30/1992**
4. FEI Number **NOT APPLICABLE** Applied For 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$138.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address 2a. Principal Place of Business
21 Suite, Apt. #, etc. 26 **406 N.W. 53RD ST. E**
22 City & State 27 Suite, Apt. #, etc.
23 Zip 28 City & State
24 Country 29 **MIAMI FL**
25 Zip 30 Country
26 **33127**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EAVES, SAMUEL JOSEPH, SR.
3401 STUART STREET
JACKSONVILLE FL 32209

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 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	1.1 TITLE		1.1 TITLE	SAME	1.1 TITLE	
1.2 NAME	WHITE, ESSIE	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	2012 NW 76TH STREET	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE	D	2.1 TITLE		2.1 TITLE	SAME	2.1 TITLE	
2.2 NAME	WHITE, JUANITA	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	2012 NW 76TH STREET	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE	D	3.1 TITLE		3.1 TITLE	SAME	3.1 TITLE	
3.2 NAME	MITCHELL, VERA	3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS	16910 NW 14TH AVENUE	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	D	4.1 TITLE		4.1 TITLE	SAME	4.1 TITLE	
4.2 NAME	EAVES, SAMUEL J.	4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS	1934 RIBAUT SCENIC DR.	4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE:

Juanita White

9/10/97 305836-7580