


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90098 003 ****61.25

0035384

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N16873

1. Corporation Name

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

Principal Place of Business

406 N.W. 53RD ST. E
 MIAMI FL 33127

Mailing Address

P.O. BOX 381293
 MIAMI FL 33238



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/11/1986

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

9. Name and Address of Current Registered Agent

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

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 Samuel Joseph Eaves, Sr.

2/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
 NAME WHITE, ESSIE
 STREET ADDRESS 2012 NW 76TH STREET
 CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
 NAME WHITE, JUANITA
 STREET ADDRESS 2012 NW 76TH STREET
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
 NAME MITCHELL, VERA
 STREET ADDRESS 16910 NW 14TH AVENUE
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
 NAME EAVES, SAMUEL J.
 STREET ADDRESS 1934 RIBAUT SCENIC DR.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
 1.2 NAME IRVIN, ELDER AMOS H.
 1.3 STREET ADDRESS 17162 NW 12TH COURTS.
 1.4 CITY-ST-ZIP PEMBROKE PINES, FL

2.1 TITLE D ☐ Change ☒ Addition
 2.2 NAME TOOMBS, ANTHONY
 2.3 STREET ADDRESS 3033 NW 203 LANE
 2.4 CITY-ST-ZIP MIAMI, FL

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
 4.2 NAME WHITE, ARTHUR
 4.3 STREET ADDRESS 403 NW 102ND STREET
 4.4 CITY-ST-ZIP MIAMI, FL

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

ARTHUR WHITE SIGNATURE ARTHUR WHITE DIR. 2/15/99 954-441-4127
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)