FILED 2003 NOT-FOR-PROFIT CORPORATION

Aug	13,	200)3	8:00	an
Aug Sec	reta	arv	of	Stat	te

04-10-2003 90078 026 ****61.25

	MIL	OUM	BOSINESS.	NEPU	<u>"</u>	Ţ
$\cap \cap$	IN A C	NT#	N116070		Τ	

COMENI# NIDO/3 1. Entity 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



		1 4					
2. Principal F	Place of Business 765+	3. Mailing Address			BLOH DIDIR BIDH BIDIR BIDIR DIDIR HEBI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF N	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number NOT APPLICAB	Applied For Not Applicable		
マック 1	U7 Country 4	Zip	Country	5. Certificate of Status Desired [\$8.75 Additional Fee Required		
ىرد_	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Regis			
	T. India and Control of Califoli	149/210100 LIABELL	Name	r. remound address of for hagis			
EAVES, SAMUEL JOSEPH, SR. 3401 STUART STREET			<u> </u>	(three (DO, Do, N) and the state of the stat			
			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	VVILLE FL 32209	•					
			City	1	Zip Code		
			l Oity	·	FL Zip Code		
		the purpose of changing its	registered office o	registered agent, or both, in the State of Florida	. I am familiar with, and accept		
the obligat	ions of registered agent.		·	* ,*			
0.01.4=::==							
SIGNATURE ,	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required when reinstating)	DATE		
							
· '	FILE NOW: FEE IS \$61.25	9. Election Carr	paign Financing	\$5.00 May Be Make	Check Payable to		
	ember 10, 2003, min will be \$2		,		Department of State		
				4			
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 10		
TITLE	D	⊠ Delete	TITLE D	ROBINSON, MARIVA	Change 🔀 Addition		
NAME	WHITE, ESSIE		NAME	8984 NW21 STR PEMBROKE PINES, FL	KET		
STREET ADDRESS	2012 NW 76TH STREET		STREET ADDRESS	PEMBROKE PINES FL	33024		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE '	D WHITE DONALD	Delete	TITLE	White, Juanity _	Change Addition		
NAME STREET ADDRESS	WHITE, DONALD 602 COMMODORE DRIVE		NAME STREET ADDRESS	3155 NW 48th Ter	· ·		
CITY-ST-ZIP	PLANTATION FL 33325		CITY-ST-ZIP	Miami, Fl. 33.127			
TITLE	D	⊠ Delete	TITLE T		Change Addition		
NAME	IRVIN, ELDER AMOS H	p ⇒ Delete	NAME	Stephens, Flora	L'é outride (Managition		
STREET ADDRESS	17162 NW 12 CT		STREET ADDRESS	536 NW 49+185+.			
CITY-ST-ZIP	PEMBROK PINES FL		CITY~ST-ZIP	Migmi, Fl. 33127			
TITLE	D	☐ Delete	TITLE D		TT [, Change Addition		
"NAME "	QUATTLEBAUM, LOUISE	والعالم المتعادية	NAME	Eaves, Elder Samuel 1863 Bushnell Ave			
STREET ADDRESS	11211 S. MILITARY TR. #3923	· ·	STREET ADDRESS	1000 000 111001 1100	0/		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	North Port, Fl. 342			
TITLE		☐ Delete	TITLE D	Toombs, Anthony	L. Uhange Addition		
NAME			NAME	310 NE 1/6 017			
STREET ADDRESS			STREET ADDRESS	N. Migmi Beach, F	123167		
CITY-ST-ZIP			CITY-ST-ZIP	10. 1119/11 10 C4 Z1/ P			
TITLE		☐ Delete	TITLE	₹ * *	Change Addition		
NAME STREET ADDRESS			NAME expect apprece	•	į		
STREET ADDRESS			STREET ADDRESS		j		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATUTE REQUIRED

8-11-03

365-375-5100