

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19979** (6)

1. Corporation Name
HIALEAH GOSPEL CHAPEL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O DONALD BARTLING
7851 SW 56TH STREET A214
MIAMI FL 33155

3. Date Incorporated or Qualified **04/06/1987** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-2788093** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
70 Seventh Day Adventist Church
Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

701 CURTISS PARKWAY
City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

MIAMI SPRINGS FLA
Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

33178 **FL**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARTLING, DONALD
7851 SW 56 ST
A214
MIAMI FL 33155

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 607.0502 and 607.1508, 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

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

NOTE: Registered Agent signature required when mandatory

DATE

12. OFFICERS AND DIRECTORS	
TITLE	EVD
NAME	VAN RYN, ELLIOT
STREET ADDRESS	340 W 56TH ST
CITY - ST - ZIP	HIALEAH FL
TITLE	EPD
NAME	HOBBS, GARY
STREET ADDRESS	428 CADIMA AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	ETD
NAME	BARTLING, DONALD
STREET ADDRESS	7851 SW 56TH ST. A214
CITY - ST - ZIP	MIAMI FL
TITLE	ESD
NAME	SHELBURNE, JOHN
STREET ADDRESS	6251 SW 22 ST.
CITY - ST - ZIP	HIALEAH FL
TITLE	EOD
NAME	BARTLING, DAVID
STREET ADDRESS	1681 S.W. 32ND CT
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	E P T D
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	E D
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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: Donald F. Bartling **DONALD F. BARTLING** 4/9/95 305-873-0747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)