

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19979** (6)

1. Corporation Name
HIALEAH GOSPEL CHAPEL, INC.



Principal Place of Business: **C/O SEVENTH DAY ADVENTIST CHURCH, 701 CURTISS PARKWAY, MIAMI SPRINGS FL 33178, US**
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: **04/17/1995**
4. FEI Number: **59-2788093**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 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: **DONALD BARTLING** *Donald J. Bartling* 1/25/96
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	EVD	<input type="checkbox"/> DELETE
NAME	VAN RYN, ELLIOT	
STREET ADDRESS	340 W 56TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	EPTD	<input type="checkbox"/> DELETE
NAME	HOBBS, GARY	
STREET ADDRESS	428 CADIMA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	BARTLING, DONALD	
STREET ADDRESS	7851 SW 56TH ST. A214	
CITY-ST-ZIP	MIAMI FL	
TITLE	ESD	<input type="checkbox"/> DELETE
NAME	SHELburne, JOHN	
STREET ADDRESS	6251 SW 22 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	EOD	<input type="checkbox"/> DELETE
NAME	BARTLING, DAVID	
STREET ADDRESS	1681 S.W. 32ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 Bartling* 1/25/96 305-716-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)