FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	1998			ary of State CORPORATIONS		Secret	ary of	State
POCU F. Corporation	MENT # N	119979	(6)					
HIALE/	AH GOSPEL CHAI	PEL, INC.				4 - T- G (
Principal Plac	e of Business	Maili	ing Address			1 10811101 881 (1816 18110 1811) (8610	I IBIN BIBNI BIBNI BIBNI BIBN	I UTUIA UTBIA PREI
C/O SEVENTH 701 CURTISS (MIAMI SPRING US		7851	Donald Bartling Sw 56th Street II Fl 33155	A214		 3. Date Incorporated or Qualified 04/06/1987 4. FEI Number 		Applied For
2. Principal P	lace of Business	2a. N	Mailing Address			59-2788093		Not Applicable
21		26	DONALD	BARTLING		5. Certificate of Status Desired		5 Additional Required
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	160 100		6. Election Campaign Financing		O May Be
22 City & Stat	<u> </u>	27 a	2136 NW City & State	162 WAY	7	Trust Fund Contribution7. Is this nonprofit corporation a h	****	tion?
23		28	PEMBROKE	PINES F	L	· · · · · · ·	Yes No	LIO(1)
Zip 24	Countr 25	29	330 28	Country 30 U.S.A		 This corporation owes or has personal Property Tax due June 	e 30. 🔲 Yes	Intangible No
9. Name and Address of Current Registered Agent 81 Name						10. Name and Address of New Ro	egistered Agent	
Description polytro						SARTLING DO	NALD	
7851 SW 58 ST					2	136 NW 162	WAY	
A214				83		•		
MIAMI FL 33155						BROKE PINES	FL 85 Z	ip Code
11. Pursuant	to the provisions of Sec	tions 617.0502 and 617	.1508, Florida Statu	tes, the above-named	corpor	ation submits this statement for the	purpose of changing	3028 g its registered
agent. I a	egistered agent, or bott m familiar with, and acc	i, in the State of Florida. cept the obligations of, S	. Such change was Section <mark>617.0503</mark> , Fl	authorized by the corp orida S r atutes.)	poration	n's board of directors. I hereby acce	pt the appointment	as registered /
SIGNATURE	DONALD	BARTLING e of registered agent and little if a	undiantic A(O)	E Registered Agent signature	الر	Sart	9/16/ DATE	98
12.		FICERS AND DIRECT	······································	13.	required	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	EVD		DELETE	1.1 TITLE			Chang	e Addition
NAME	VAN RYN, ELLIOT			1.2 NAME				
STREET ADDRESS	340 W 56TH ST HIALEAH FL			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	EPTD EPTD		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Chang	e Addition
NAME	HOBBS, GARY			2.2 NAME				
STREET ADDRESS	428 CADIMA AVE			2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES F	<u> </u>		2. 4 CITY-ST-ZIP			N-2	
TITLE	ED BARTING DOMA	I.D.	DELETE	3.1 TITLE	E		Chang	e Addition
NAME STREET ADDRESS	Bartling, Dona 7851 SW 56TH ST			3.2 NAME 3.3 STREET ADDRESS	B	ARTLING , DONALD		
CITY-ST-ZIP	MIAMI FL	1. NE 14		3.4. CITY-ST-ZIP		136 NW 162 WAY EMBROKE PINES 1	FL 33025	•
TITLE	ESD		DELETE	4.1 TITLE	-	EWBEONE LINES !	☐ Chang	e Addition
NAME	SHELBURNE, JOH	IN		4. 2 NAME				
STREET ADDRESS	62 51 SW 22 ST.			4.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		T of the	4.4 CITY - ST - ZIP				
TITLE	EOD BARTING DAVID		DELETE	5.1 TITLE			∟ Chang	e
NAME STREET ADDRESS	Bartling, David 1681 S.W. 32ND (5.2 NAME				
STREET ADDRESS City-St-Zip	MIAMI FL	<i>,</i> ,		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
TITLE	MINTER I L		DELETE	61 TITLE	 		Chang	e Addition
NAME			_	6.2 NAME			~~	
STREET ADDRESS				6.3 STREET ADDRESS	•			
COTY_CT_7ID				6.4 CITY - CT 7ID	ŀ			

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.

SIGNATURE:

W/11/98 9CV. 427-(202

FILED

May 21 1998 8:00am