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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20284** (8)

1. Corporation Name

**SOUTH FLORIDA CHRISTIAN COUNSELING CENTER AND GO
SPEL FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

**14551 CARVER DRIVE
MIAMI FL 33176-7321**

**14551 CARVER DRIVE
MIAMI FL 33176-7321**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

05/15/1996

4. FEI Number

65-0076982

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☒

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

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

(NOTE: Registered Agent signature required when reinstating)

4/15/97
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** PD
NAME **FRASER, ALFONSO**
STREET ADDRESS **17525 S.W. 108 CT.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** T
NAME **OREE, BRUTON**
STREET ADDRESS **14800 SW 104 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** S
NAME **GATES, HEATHER**
STREET ADDRESS **8415 SW 208 CT.**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **VD** ~~DELETED~~
NAME **OTTEY, DELROY**
STREET ADDRESS **14143 S.W. 110 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ~~DELETED~~
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETED~~
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Josphine Heatrice**
2.2 NAME **D**
2.3 STREET ADDRESS **11615 SW 136 Ter**
2.4 CITY-ST-ZIP **Miami FL 33176**

3.1 TITLE
3.2 NAME **D** **Jennifer McDonald**
3.3 STREET ADDRESS **11225 SW 170 Ter**
3.4 CITY-ST-ZIP **Miami FL 33157**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

14. I do 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

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

4/15/97 305235-7025
DATE

CR2E037 (9/96)