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Secretary of State

08-26-1999 90013 015 ****69.75

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N20284

1. Corporation Name

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

Principal Place of Business

14551 CARVER DRIVE
MIAMI FL 33176

Mailing Address

14551 CARVER DRIVE
MIAMI FL 33176

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/22/1987

4. FEI Number

65-0076982

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

GATES, HEATHER
8415 S.W. 208TH TER.
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name *Alfonso Fraser*
 82 Street Address (P.O. Box Number is Not Acceptable)
14551 Carver DR
 83 *Miami FL*
 84 City *FL* 85 Zip Code *33176*

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

Alfonso Fraser

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, ALFONSO	1.2 NAME	
STREET ADDRESS	17525 S.W. 108 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREE, BRUTON	2.2 NAME	
STREET ADDRESS	14800 SW 104 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, HEATHER	3.2 NAME	
STREET ADDRESS	8415 SW 208 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	3.4 CITY-ST-ZIP	
TITLE	DD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATRIECE, JOSEPHINE	4.2 NAME	
STREET ADDRESS	11615 SW 136 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC DONALD, JENNIFER	5.2 NAME	
STREET ADDRESS	11225 SW 170 TER	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *A/ALFONSO FRASER 9/3/99/ 305 2389138*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)