

FILE NOW: FILING FEE IS \$61.25

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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20421 (6)
1. Corporation Name
ARMOUR OF GOD MINISTRIES, INC.



Principal Place of Business 7711 DAVIE RD. EXTENSION HOLLYWOOD FL 33024	Mailing Address 7711 DAVIE RD. EXTENSION HOLLYWOOD FL 33024
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3. Date Incorporated or Qualified 04/30/1987	
4. FEI Number 65-0221122	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3020 S.W. 61st AVE. Suite, Apt. #, etc. 22 DAVIE, FLA. City & State 23 DAVIE, FLA. Zip 24 33314	2a. Mailing Address 26 P. O. BOX 849147 Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES, FLA. Zip 29 33084	Country 25 U.S.	Country 30 U.S.
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9. Name and Address of Current Registered Agent
**LORING, REV. PHILIP KENNETH
ARMOUR OF GOD MINISTRIES INC.
7711 DAVIE RD. EXTENSION
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent
81 Name **LORING, REV. PHILIP KENNETH**
82 Street Address (P.O. Box Number is Not Acceptable)
1154 LAKEPOINTE LANE (BLDG. 14)
83
84 City **PLANTATION, FL** 85 Zip Code **33322**

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: *Rev. Philip K. Loring* **REV. PHILIP KENNETH LORING (PRES.)** **4-14-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LORING, PHILIP KENNETH	
STREET ADDRESS	7701 NW 30TH ST, #206	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	LORING, PHILIP C	
STREET ADDRESS	7361 NW 35TH ST, #1E	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFORD, CHARLES DR.	
STREET ADDRESS	520 GRENADE DR.	
CITY-ST-ZIP	FOREST PARK GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LA FALCE, TONY	
STREET ADDRESS	1701 N. 45TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BASAS, LISA	
STREET ADDRESS	7721 N.W. 30TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LORING, PHILIP KENNETH	
1.3 STREET ADDRESS	1154 LAKEPOINTE LANE #14	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33322	
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 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: *Rev. Philip K. Loring* **REV. PHILIP K. LORING (PRES.)** **4-14-98** **(954) 474-2118**

CFR2E037 (10/97)