


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21555

1. Corporation Name

HOLY TEMPLE #4 CHURCH OF CHRIST UPON THE ROCK OF THE APOSTOLIC FAITH, INC.

Principal Place of Business

3034 N.W. 57TH ST.
 MIAMI FL 33311
 US

Mailing Address

1800 N.W. 9TH AVE.
 FT. LAUDERDALE FL 33311
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/14/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0002997
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<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
		29
		30

9. Name and Address of Current Registered Agent

JOHNSON, ERNEST ELDER
3420 N.W. 35TH STREET
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	4470 N.W. 65 AVE
84	City
FL	85 Zip Code
	33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	JOHNSON, ERNEST ELDER	1.2 NAME	
STREET ADDRESS	3420 N.W. 35 STREET	1.3 STREET ADDRESS	4470 N.W. 65 AVE
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, ELDER JOSEPH B	2.2 NAME	
STREET ADDRESS	480 NW 39 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, ANNIE	3.2 NAME	
STREET ADDRESS	3034 NW 57TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Ernest Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

954-461-0757

Date

Daytime Phone #

CR2E037 (11/98)