FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21589

HOLY TEMPLE #2 CHURCH OF CHRIST UPON THE ROCK OF THE APOSTOLIC FAITH, INC.

Country

25

Principal Place of Business
202 N.E. 11TH AVE.
ROYMTON ROM EL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

US

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

27

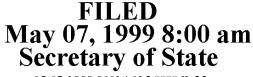
28

29

Zip

Suite, Apt. #, etc.

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



05-07-1999 90014 015 ****61.25

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/16/1987

65-0002997

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
			81 Name				1			
Johnson, Ernest Elder			82 Street Address (P.O. Box Number is Not Acceptable)							
3420 N-W 35 STREET -						·				
FT. LAUDERDALE FL 3 2309			83 44	10 N.W. 65	AUG		}			
5 (55)	TOTAL TE STATE		84 City	7-70.00.		85 Zip Ci	ode -			
					F <u>L</u>		319			
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. (NOT	E: Registered	Agent signature i	equired when reinstating)	DATE					
12.	OFFICERS AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	RS IN 12			
TITLE	VD □ DELETE	1,1 ग	n.E			Change	☐ Addition			
NAME	ROBINSON, LUCIUS ELDER	1.2 N	ME.							
STREET ADDRESS	5251 N.E. 8TH AVE	1.3 \$	REET ADORESS							
CITY-ST-ZIP	POMPANO BCH FL	1.4 CI	TY-ST-ZIP			F101				
TITLE	PD DELETE	2.1 TI	TLE			Change	Addition			
NAME	JOHNSON, ERNEST ELDER	2.2 N		4470 N.W. 65	AUG					
STREET ADDRESS	3420 N W 35 STREET	2.3 S	REET ADDRESS	74/010			Į			
CITY-ST-ZIP	FT. LAUDERDALE FL		ITY-ST-ZIP			Change	Addition			
TITLE	SD DELETE	3.1 TT				CT Augusto				
NAME	CURTIS, HENRY DEA.	3.2 No								
STREET ADDRESS	2880 S.W. 2ND ST.	1	REET ADDRESS				1			
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4. C 4.1 Π	ITY-ST-ZIP			☐ Change	☐ Addition			
Π TLE	Detere	4.1 II 4.2 N								
NAME		1	REET ADDRESS	}			}			
STREET ADDRESS			TY-ST-ZIP				}			
TITLE	DELETE	5,1 TI				Change	Addition			
NAME	_ +:	5.2 N								
STREET ADDRESS		5.3 S	REET ADDRESS							
CITY-ST-ZIP		5.4 C	TY-ST-ZIP							
TITLE	☐ DELETE	6.1 T	TLE			Change	Addition			
NAME		6.2 N	AME				{			
STREET ADDRESS		6.3 S	TREET ADDRESS							
CITY-ST-ZIP			TY-ST-ZJP							
44	- +if. the table info - etion repolled with this filing done not qualify f	or the eve	motion etate	d in Section 119 07/3\(i) Florida S	tatutes 1 further cert	fy that the in	formation			

Country

30

indicated on this annual report or supplied with this hinting does not quality for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report or suppliemental 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: (

954-461-0151

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable